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## APPLICATION FORM

**APPLICATION FOR:** \_\_\_\_\_

Available to take up employment from (date) \_\_\_\_\_

Salary expectation: \_\_\_\_\_

## PERSONAL DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Nationality \_\_\_\_\_

Do you hold a current Driving Licence: YES/NO

Have you any current endorsements/points: YES/NO

If so, give details (including dates): \_\_\_\_\_  
\_\_\_\_\_

## WORK PERMITS

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? YES/NO

If you are successful in your application would you require a work permit to work in the UK? YES/NO

**EDUCATION**

Give details of Secondary Education, together with any examinations taken and results achieved.

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**QUALIFICATIONS**

Give details of any Further Education and Training, including any Certificates obtained.

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Give details of any Occupational Training, including any Certificates obtained.

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Membership of professional organisation(s):

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**EMPLOYMENT**

Present/last employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Job Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_

Give details of position, outlining main responsibilities  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Current/Finishing Salary \_\_\_\_\_

Other most recent employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Job Title \_\_\_\_\_

Employed from \_\_\_\_\_ To \_\_\_\_\_

Give details of position, outlining main responsibilities  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Current/Finishing Salary \_\_\_\_\_

**GENERAL**

What qualities do you possess which you consider may be beneficial in fulfilling the responsibilities of the position applied for?

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Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974). YES/NO

**HOBBIES/INTERESTS**

Outline below any hobbies or interests that you have, together with any additional information, which you consider might be of interest.

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**HEALTH**

Are you in good health? YES/NO

Please give past 12 months sickness/time off work (number of days and brief reasons)

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Are there any disabilities which may affect your application? YES/NO

Describe disabilities and

- (a) any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job.
- (b) any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the job

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**REFERENCES**

Please give the names of two people from whom references may be obtained. If possible, these should be previous employers.

Name of Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referee/  
Contact Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referee/  
Contact Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_