ILLINGWORTH McNAIR LD 164 MAIN STREET, BINGLEY, BD16 2HR

TELEPHONE: 01274 566911

APPLICATION FOR EMPLOYMENT

r				
SURNAME:		TITLE: DR, MR, MRS, MISS, MS (Delete as appropriate)		
FORENAMES:				
POSITION APPLIED FOR:				
COMPANY/DEPARTMENT:				
HOME ADDRESS:		TELEPHONE NO:		
DATE OF BIRTH:	AGE:	NATIONALITY:		
MARITAL STATUS:				
HAVE YOU PREVIOUSLY APPI	LIED FOR A POSITION	WITHIN, OR BEEN EMPLOYED BY THIS COMPANY?		
IF SO, PLEASE GIVE DETAILS	:			
HAVE YOU ANY RELATIVES EMPLOYED WITHIN THIS COMPANY?				
HOW DID YOU BECOME AWARE OF THIS VACANCY?				
		•		
NOTICE PERIOD REQUIRED FROM CURRENT EMPLOYER/DATE AVAILABLE FOR EMPLOYMENT				

EDUCATION

SCHOOL ATTENDED	DATES: FRO	м то	QUALIFICATIONS OBTAINED:	
FURTHER EDUCATION COLLEGE/UNIVERSITY	DATES: FRO	м то	QUALIFICATIONS OBTAINED:	
OTHER TRAINING	DATES: FRO	м то	QUALIFICATIONS OBTAINED:	
DETAILS OF PROFESSIONAL QUALIFICAT	IONS OR PROFES	SIONAL MEMBERSHI	PS AND DATES OBTAINED	
KNOWLEDGE OF FOREIGN LANGUAGES	(indicate ability leve	el, ie: basic/working/flue	int)	
LANGUAGE	SPOKEN	-	WRITTEN	
DETAIL EXPERIENCE OF INFORMATION TECHNOLOGY EQUIPMENT USED,				
E.G. COMPUTER, WORD PROCESSOR, E	IC.			

WORK EXPERIENCE

NAME & ADDRESS OF CURRENT/MOST RECENT EMPLOYER (Not including temporary employment)					
Dates FROM	то	SALA	ARY ON LEAVING	G JOB TITLE	
MAIN RESPONSIBII	LITIES & ACHIEVEI	MENTS & REASONS F	FOR LEAVING		
PREVIOUS EMPLO	YERS				
NAME & AD	DRESS	DATES	i	POSITION HELD	SALARY
OF EMPLO	OYER	FROM	ТО	(Give details of main response	
				and reason for leaving)	LEAVING
LEISURE ACTIVITIES (include any memberships or involvement in any societies/clubs/community services)					

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HEALIH				
ARE YOU A REGISTERED DISABLED PERSON?		R.D.P. NO:		
GIVE DETAILS OF ANY SERIOUS ILLNESS OR OPERATION WITHIN THE LAST 5 YEARS.				
HAVE YOU RECEIVED MEDICAL TR	REATMENT IN THE LAS	T 12 MONTHS? IF SO, PLEASE GIVE DETAILS		
ADDITIONAL INFORMATION	Describe the particular c	ualities/talents you will bring to this job and how it fits into		
your career plan.				
Please continue on a separate sheet	if necessary.			
REFERENCES	If offered a position with	this Company we will take up references from your two previous		
	employers. Please there	fore advise us of the following information		
NAME		ADDRESS		
COMPANY				
JOB TITLE				
NAME		ADDRESS		
COMPANY		ADDITEO		
JOB TITLE				
HAVE YOU EVER BEEN CONVICTE	D OF ANY CRIMINAL O	FFENCE (excluding spent convictions)? If so, please give		
details:				
I hereby declare that all the information	on given on this form, is t	o the best of my knowledge, true and complete in every		
respect and accept that any employn	nent is on the basis of the	e validity of this information.		
SIGNED		DATED:		
	AINED IN THIS APPLICA	TION WILL BE TREATED AS CONFIDENTIAL		