

**APPLICATION FORM**

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| Surname  |  |
| Forenames |  |
| Date of birth |  |
| Nationality |  |
| Title Mr / Miss / Mrs / Ms / Other *(please specify)*  |  |
| Do you need a work permit?  |  |
| Address  |  |
| Telephone number |  |
| Mobile Telephone number |  |
| E-mail address |  |
| Do you have any unspent convictions? If so, please provide details |  |
| Please give details of two referees. If possible, one of these should be a previous employer, and one should be personal.First Referee Second Referee Name NameAddress Address Telephone number Telephone NumberHow do you know this person? How do you know this person? |
| May we approach your referees now?  |  |

Position applied for

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Please give details of educational and relevant qualifications and courses attended, indicating expiry dates where applicable.

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Please give details of your work history. If there have been any gaps where you have not been in employment, please provide an explanation.

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| Present / Last Employer Date employed from\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ Reason for leaving  Job TitleDuties |
| Previous Employer Date employed from\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ Reason for leaving Job TitleDuties |
| Previous Employer Date employed from\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ Reason for leaving Job TitleDuties |

Continue on a separate sheet if necessary or attach you CV.

What are your interests and activities?

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Please see the attached Job Description for the role you are applying for. Please give details of any medical conditions that you have that may interfere with your ability to perform the duties described. For any condition that you declare, please give details of how that condition affects you, and how long you have suffered from it.

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Why do you want to work for Statham’s and why are you the best candidate for the job?

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Please list any dates when you are not available for interview.

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Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_