

Comid Engineering Ltd., Townfield Works, Greenacres Road, Oldham. OL4 2AB. Tel. 0161 624 9592	Confidential OFFICE USE: Interview – YES / NO Date:
APPLICATION for EMPLOYMENT	

Please complete in BLOCK CAPITALS

Position applied for:	Wages/Salary required:	
Surname:	First Names:	
MR/MRS/MISS/MS		
Address:		Post Code:
Is this your permanent address YES/NO	Telephone No.:	
Marital Status:	Children/Number/Ages:	
Person to contact in the event of an emergency:	Telephone Number:	
Relationship:	If yes, who?	
Do you have any relatives or friends employed here?		

Education and Training		
Names of schools attended after age 11, include details of results and exams taken.	DATES	
	From	To
Further Education (College, Evening Classes etc. and Qualifications)		
Any non Qualification courses attended including Operative Training		

Employment History			
Dates: From - To	Last or Present Employer	Job Title and Duties	Reason for Leaving and Gross Pay details
	Name: Address: Tel. No. Contact:		
	Previous Employer Name: Address: Tel. No. Contact:		
	Previous Employer Name: Address: Tel. No. Contact:		

Amount of notice required to terminate your present employment?

All engagements are made on the basis of up to a 3 month trial period (or as specified)

References (If answering Yes, please give a contact name)

May we ask a previous employer for a reference – YES/NO

Contact Name:

We will not contact your present employer without your permission.

May we ask your present employer for a reference – YES/NO

Contact Name:

Have you been convicted of a criminal offence (Which is not a spent conviction within the meaning of the rehabilitation of offenders act 1974)? – YES/NO

Give full details here:

Health Details

How many times have you been absent from work and why in the last 12 months?

Have you suffered from any serious illness or undergone an operation? If so, please give details

From - To

Reason

Doctor's Name:
Address

Please list any diseases, allergies or physical disability you have suffered from or do currently suffer from.

What, if any, medicine or drugs treatment do you regularly receive?

Personal Information

Hobbies and outside interests:

Do you hold a current driving licence?

YES/NO

Are you a car owner?

YES/NO

Do you have any endorsements?

YES/NO

How would you travel to work?

I confirm that to the best of my knowledge, the information on this form is true and correct.

Signature:

Date:

For office use only**Comments:**

Signature:

Date: