



JOB APPLICATION FORM

IMPORTANT: All successful applicants are employed on the basis of a 6 month trial period.

Please complete this form in BLOCK CAPITALS. CVs will not be accepted without this form completed and attached.

Please also complete the Equal Opportunities Monitoring Information. Equal Opportunities information will not be used in the selection process.

Position Applied for:

Where did you see this position advertised?

PART A: PERSONAL INFORMATION

Title: Mr Mrs Miss Ms	First Names:	Surname:
Other (please specify)		
Home Address:		
Postcode:	National Insurance No:	
Tel (inc STD code):	Mobile:	
Email:		
Do you hold a current driving licence? Yes No	Any endorsements?	
If you are not a UK national, you may not be eligible to work in the UK without a Work Permit or a Right to Work Visa.		
Please indicate if you require	A work permit: Yes No	A right to work visa: Yes No

PART B: EDUCATION AND TRAINING

Schools / Colleges (attended from age 11)	Dates (MM / YY)		Qualifications obtained (O/A levels, GCSE, degree etc)	Date	Grade
	From	To			
Professional Qualifications with dates and levels attained:					
Other training / courses attended relevant to this post, with dates:					

PART C: PRESENT OR LAST EMPLOYER

Present or Most Recent Employer	Dates (MM / YY)		Job Title and Duties	Reason for Leaving
	From	To		
Current / most recent salary / wage details:				
Amount of notice required to terminate present employment:				

PART D: EMPLOYMENT HISTORY

Give details of your work history, beginning with the most recent post. Please include any voluntary or unpaid work.

Employer's Name and Address	Dates (MM / YY)		Job Title and Duties	Reason for Leaving
	From	To		

PART E: SUPPORTING STATEMENT

Please give your reasons for applying for this position (use additional sheet if required).

PART F: REFERENCES

All appointments are subject to a reference check. Please supply the names and address of two people (not relatives or friends) who have knowledge of you and your work who we can approach for references. One of these should be your current or most recent employer. We will not approach this person without your consent.

Present / Most Recent Employer

Name:	Address:
Position held:	
Tel:	
Email:	Postcode:
May we contact your present / most recent employer? Yes No If No, please provide an additional referee.	

Other Referee

Name:	Address:
Position held:	
Tel:	
Email:	Postcode:

Other Referee

Name:	Address:
Position held:	
Tel:	
Email:	Postcode:

PART G: HEALTH

What absences from work through sickness have you had in the last 2 years?

Total days absent Number of occasions

If you have any medical condition which needs to be taken into account during the recruitment process, please inform
 Human Resources on 01274 535650

PART H: DECLARATION

I declare that all the information on this form is true and accurate and that I have omitted nothing that, to the best of my knowledge, may affect this application.

Signature:	Date:
------------	-------

Please return this form to:
 HR Department, Express Elevators Ltd, Express Buildings, Otley Road, Baildon, Shipley, West Yorkshire, BD17 7HF.

EQUAL OPPORTUNITIES MONITORING INFORMATION

EXPRESS ELEVATORS LTD is committed to ensuring equality of opportunity in employment and prohibiting unlawful discrimination on the grounds of sex, marital status, race, colour, national or ethnic origin, disability, sexual orientation or religion. In order to ensure that our Equal Opportunities Policy is carried out, it would help us if you could fill out this form. This information is used for monitoring only and will not form part of the selection process. Any information given here is strictly confidential.

Name:	D.O.B.:
Male / Female:	Position applied for:
Ethnic Origin:	
Do you consider yourself to be disabled?	Yes / No If Yes, please give details:
Do you have any caring responsibilities? (e.g. young children, dependent relatives)	