

Shelbourne REYNOLDS



Shelbourne Reynolds Engineering Ltd, Shepherds Grove, Stanton, Bury St Edmunds, Suffolk
Visit us at WWW.Shelbourne.Com

Confidential Application For Employment

Position Applied For:.....

Surname	Forenames	
Address	Telephone Number Home	Date Of Birth
	Business	
	Mobile	
How did you hear of this vacancy?	Notice required by present employer.	Please give dates of any holiday arrangements already made.
National Insurance number:		
Do you hold a current UK driving licence? YES/NO If yes, please state class of vehicle covered and give details of any current endorsements. Do you have your own transport. YES/NO If no how would you get to work.	Foreign Languages: Please give details of your ability to read, write or speak any language other than English.	
Have you ever been convicted of any criminal offence (excluding motoring offences) which have not become 'spent' under the provisions of the Rehabilitation of Offenders Act 1974 YES/NO If yes, please give details.		

EDUCATION AND QUALIFICATIONS

Name and address of last school/college attended.	From	To

Examinations

Subjects Studied	Level: GCSE 'O' or 'A'	Grade Achieved

Further Education

University/college/name and address	From	To	Type of Course	Subjects	Qualification or class of degree

PERSONAL REFERENCES

Please give details of two people previous or current employer for example (not relatives) we could approach for references, after obtaining your permission.

Name	Occupation	Address	Telephone Number
Relationship to yourself e.g. friend, former boss e.t.c:			
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PREVIOUS EMPLOYMENT HISTORY. Beginning with most recent.

On a separate sheet of paper please list your last three employers, please include the employers name, address, type of business, the role in which you were employed by them, the date started and finished, your leaving salary and the reason why you left. Or include your current CV stating all of the above points.

MEDICAL QUESTIONNAIRE

All details will be treated as strictly confidential and will be kept exclusively in the personnel Department and not divulged without written authorisation.

Illness		
It would be helpful to us if you could answer questions about your health. Please tick the appropriate box if you have or suffer from any of the following:		
Dermatitis, Eczema Allergies, other <input type="checkbox"/> Skin problems	Chest trouble Bronchitis, <input type="checkbox"/> Tuberculosis Asthma	Repetitive strain injuries Tennis Elbow, <input type="checkbox"/> Carpal Tunnel Syndrome
Fits, Dizziness Epilepsy, Migraines <input type="checkbox"/>	Rheumatism Arthritis <input type="checkbox"/>	Have you been in hospital during the last 5 years? Or had any other long term illness <input type="checkbox"/>
Back Problems Slipped Disc <input type="checkbox"/>	Ear infections Hearing <input type="checkbox"/> Impairment	Do you have good vision in both eyes? (with spectacles if worn) <input type="checkbox"/>

Are you currently under the care of a doctor or other medical professional? YES/NO

Do any of the above have a substantial and long-term adverse affect on your ability to carry out normal day to day activities? YES/NO

How many days sickness absence have you had within the previous 2 years?days

Are any of the above conditions etc likely to cause absence within the next year, ie regular hospital treatment or check-ups, therapy etc? YES/NO

DECLARATION YOU MUST SIGN AND DATE THIS FORM

I declare that the information I have given is to the best of my knowledge true and complete.

Signature Date

If you give any information which you know is false, or withhold any relevant information, this may lead to your application being rejected or, if you have already been appointed, to your dismissal.

OUTSIDE INTERESTS

Please give details of any sports, hobbies or other interest you have outside working hours.

ANY ADDITIONAL INFORMATION

If there is any further information you think would be helpful to us in considering your application (e.g. ambitions, reason for applying for the present post, skills, experiences or qualifications which you feel would especially suit the position) please describe below.

RECRUITMENT POLICY

It is the company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex, marital status or disability. To this end, successful applicants at this stage will be requested to fill in an equal opportunities questionnaire.

I authorise the company to obtain references to support this application once an offer has been made and accepted and release the company and referees from any liability caused by giving and receiving information.

Declaration: 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.....

For company use only

Interviewer:	Date
Interviewers Notes:	
Accept	Reject
Pending	

Terms and Conditions

Engaged as:		Department:	
Full time YES/NO	Part time YES/NO	Permanent YES/NO	YES/NO
Start date:		Basic weekly hours:	Days of work:
Times of work:		Salary..... per hour/per week/per annum	
Eligible for overtime payments: YES/NO			