

PERSONAL DETAILS

Return this form to: Recruitment Department

Position Applied For:	<input type="text"/>	Home Address:	<input type="text"/>
Ref. No:	<input type="text"/>		
Title:	<input type="text"/>		
Forename(s)	<input type="text"/>		
Surname	<input type="text"/>	Postcode:	<input type="text"/>
Date of Birth:	<input type="text"/>	Desired Location:	<input type="text"/>

CONTACT DETAILS

Personal Telephone:	<input type="text"/>	Emergency Contact Name:	<input type="text"/>
Email:	<input type="text"/>	Emergency Contact Number:	<input type="text"/>
Alt Email:	<input type="text"/>	Emergency Contact Relationship:	<input type="text"/>

Do you have the right to work in the UK YES NO (If yes please provide details)

DRIVING LICENCE

Driving Licence Number:	<input type="text"/>	Licence Points at Joining:	<input type="text"/>
How long have you held a full licence for?:	<input type="text"/>	Groups:	<input type="text"/>
Expiry Date:	<input type="text"/>	Details of endorsements + expiry date(s):	<input type="text"/>

EDUCATION HISTORY

Schools/Colleges/University	Qualifications gained
<input type="text"/>	<input type="text"/>



HR APPLICATION FORM

EMPLOYMENT HISTORY

Name of Employer	Job Title	Duties	Rate of pay	Reason for leaving

Notice required in current post

REFERENCES

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

Reference .1	Reference .2
<input type="text"/>	<input type="text"/>

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances contractual positions is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

DECLARATION

(Please read this carefully before signing this application)

<ol style="list-style-type: none">1. I confirm that the above information is complete and correct and that any untrue or misleading information will allow Automotive Repair Systems Ltd the right to terminate any employment/sub-contractor offered.2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during my agreed contract and for up to six years thereafter and understand that information will be processed in accordance with GDPR provisions.3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of a contract may be withdrawn or my contract terminated. <p>Signed: Date:</p>
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