

APPLICATION FORM

TC AP1

The information you provide on this form will affect our decision on whether you will be selected for interview, so please complete it as carefully and accurately as you can.



Position applied for:

PRIVATE AND CONFIDENTIAL

Surname: Forename(s): Title:

Address: Postcode:

Telephone: Mobile:

Date of Birth: National Insurance No:

Current Driving Licence? Yes No Groups: Expiry Date:

Details of Endorsements:

Are there any restrictions on you taking up employment in the UK? Yes No

if yes, please provide details:

Preferred store location: Are you prepared to work weekends? Yes No

Have you been dismissed from employment within the last five years? Yes No

Do you have experience of serving customers? Yes No Do you have moderate level of numeracy? Yes No

Would you be able to lift and load heavy products? Yes No If no, please give details why:

How did you here about the vacancy?

What appeals to you about the role ?

EDUCATION HISTORY

Schools/Colleges/University	Qualification	Grade	Year taken

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EMPLOYMENT HISTORY

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Name/Address of Employer	From - To	Job Title	Duties	Rates of Pay	Reason for Leaving

Please note any other employment you would continue with if you were to be successful in obtaining this position:

Notice required in current post:

REFERENCES

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

1.

2.

CRIMINAL RECORD

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

HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities

Yes No

Please specify any special arrangements for work associated with any impairment:

Please specify any special arrangements you will need to attend an interview:

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer:

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving:

Please list all absences from work in the past 12 months & the reasons for such absences:

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ADDITIONAL INFORMATION

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Please use this space to provide any additional information which you feel will support your application:

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. 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 the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act .
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 that satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: Date:

Please return completed application form to:

Tile Choice Ltd • Crown House • Millfields Road • Ettingshall • Wolverhampton • WV4 6JE

Telephone: 01902 490021 • Fax: 01902 490025

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