**S Marsden T/A Grime 2 Shine**

**APPLICATION FOR EMPLOYMENT**

|  |  |
| --- | --- |
| **PLEASE RETURN FORM TO:** | S Marsden T/A Grime 2 Shine4 Balmoral MewsPolegateBN26 6FW |

|  |  |
| --- | --- |
| **VACANCY APPLIED FOR:** |  |

# PERSONAL DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE** |  | **FIRST NAME(S)** |  | **SURNAME** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDRESS** |  | **DAYTIME TEL** |  |
| **EVENING TEL** |  |
| **MOBILE** |  |
| **E-MAIL** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE OF BIRTH** |  | **NATIONAL INSURANCE NO:** |  |

**NATIONALITY (OPTIONAL) …………………………………………………………………………………………………**

**DO YOU NEED A WORK PERMIT TO WORK IN THE UK? YES NO**

**WHAT HOURS ARE YOU AVALIABLE TO WORK? (PLEASE GIVE TIMES IN BOXES BELOW)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
|  |  |  |  |  |  |  |

**DO YOU HOLD A FULL DRIVING LICENCE? YES NO**

**LENGTH OF TIME LICENCE HELD?**

**DO YOU HAVE ANY DRIVING CONVICTIONS?**

**IF YES PLEASE GIVE DETAILS……………………………………………………………………………………………….**

**DO YOU CONSIDER YOURSELF DISABLED UNDER THE DISABILITY DISCRIMINATION ACT (DDA)?**

**IF YES PLEASE GIVE DETAILS ………………………………………………………………………………………………**

**DO YOU HAVE ANY OTHER HEALTH PROBLEMS IE BACK PROBLEMS?**

**IF SO PLEASE GIVE DETAILS**

**………………………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………**

**DO U HAVE ANY ALLERGIES TO CLEANING MATERIALS?**

**IF YES PLEASE PROVDE NAMES OF CLEANING MATERIALS**

**………………………………………………………………………………………………………………………………….......**

**………………………………………………………………………………………………………………………………………**

**DO YOU HAVE ANY CLEANING EXPERIENCE IN WORK PLACES?**

**………………………………………………………………………………………………………………………………………**

**DO YOU HAVE ANY PREVIOUS EXPERIENCE WITH KEY HOLDER JOBS?**

**IF SO PLEASE GIVE DETAILS ………………………………………………………………………………………………..**

**.......................................................................................................................................................................................**

**DO YOU HAVE A P45?**

**IF NO PLEASE FILL OUT A P46 FORM AND SEND IT WITH APPLICATION FORM.**

# HAVE YOU HAD A CRB OR SIMILAR CHECK CARRIED OUT?

IF SO WHEN WAS IT CARRIED OUT AND BY WHOM

………………………………………………………………………................................................................................................

DO YOU HAVE ANY CRIMINAL CONVICTIONS OR PENDING?

IF SO PLEASE GIVE DETAILS ………………………………………………………………………………………………….

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# WORK HISTORY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYER** | **FROM** | **TO** | **POSITION HELD**  | **DUTIES** | **REASON FOR LEAVING** |
|  |  |  |  |  |  |

# EDUCATION AND TRAINING

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL/COLLEGE/UNIVERSITY ETC. ATTENDED** | **FROM** | **TO** | **QUALIFICATIONS GAINED OR COURSES STUDIED** |
|  |  |  |  |

|  |
| --- |
| **ANY OTHER INFORMATION RELEVANT TO YOUR APPLICATION** |
|  |

# REFERENCES (Not Family Members. At least one must be previous employer)

|  |  |
| --- | --- |
| **NAME** | **NAME** |
| **ADDRESS** | **ADDRESS** |
| **TELEPHONE NO:** | **TELEPHONE NO:** |
| **OCCUPATION** | **OCCUPATION** |

# DECLARATION

|  |
| --- |
| **I CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THIS FORM IS CORRECT.** |
| **SIGNED** |  | **DATE** |  |

Members of the Federation of Window Cleaners.