



Tacklestore Unit 23 Atlantic Road Avonbridge Trading Estate Avonmouth Bristol BS11 9QD

APPLICATION FOR EMPLOYMENT

POST APPLIED FOR:

| | | |
|------------------------------|------------------------|---------------------------------------|
| MR, MISS, MRS, MS | FIRST NAME: | SURNAME: |
| ADDRESS: | DAYTIME TEL NO: | ANNUAL SALARY/WEEKLY WAGE: |
| | EVENING TEL NO: | |
| | DATE OF BIRTH: | |

PLEASE GIVE DETAILS OF:

| | |
|---|---|
| EDUCATIONAL QUALIFICATIONS ACHIEVED: | APPRENTISHIPS OR TRAINEESHIPS COMPLETED: |
| | |
| COURSES ATTENDED: | ANY OTHER RELEVANT SKILLS: |
| | |

WORK HISTORY OVER THE LAST FIVE YEARS:

| NAME OF EMPLOYER | DATE FROM TO | BRIEF DETAILS OF DUTIES | SALARY/WAGE | REASON FOR LEAVING |
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PLEASE TURN OVER

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|---|--------------------|--|--|--|--|
| HOW SOON CAN YOU START WORK? | | CAN YOU OBTAIN REFERENCES IF NECESSARY? | HOW WOULD YOU TRAVEL TO THIS JOB? | | |
| DO YOU HOLD CURRENT FULL DRIVING LICENCE? YES/NO IF YES PLEASE STATE WHICH TYPE/S | | | | | |
| CAR | MOTOR CYCLE | PUBLIC SERVICE VEHICLE | HEAVY GOODS VEHICLE CLASS CLASS CLASS 1 11 111 | | |
| DO YOU HAVE ANY DRIVING ENDORSEMENTS? YES/NO IF YES PLEASE GIVE DETAILS: | | | | | |
| IS THERE ANY WORK YOU CANNOT DO FOR HEALTH REASONS? YES/NO IF YES PLEASE GIVE DETAILS: | | | | | |
| PLEASE GIVE FULL DETAILS OF PRESENT DUTIES: | | | | | |
| PLEASE GIVE ANY OTHER FACTS WHICH YOU THINK WOULD BE USEFUL IN CONSIDERING YOUR APPLICATION: | | | | | |
| INTERVIEWERS NOTES: | | | | | |