

Shop Issued at: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Received by: \_\_\_\_\_

Job applied for (**office use only**):

## (WEB) APPLICATION FOR EMPLOYMENT

### Personal details

Surname: \_\_\_\_\_ Title: \_\_\_\_\_  
 Forenames: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Telephone (Home): \_\_\_\_\_  
 Telephone (Mobile): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_  
 Marital status: \_\_\_\_\_  
 No of children (if any):  Age/s      
 Please give details of any health problems your children have that may affect your ability to attend work: \_\_\_\_\_

Do you have a current driving licence?

YES  NO

If YES, please give details of any driving offences

\_\_\_\_\_

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?

YES  NO

If YES, please give details:

\_\_\_\_\_

How did you find out about this vacancy?

\_\_\_\_\_

Do you know anyone employed at Leyland SDM?

If Yes, please give details of relationship, if any;

\_\_\_\_\_

Contact in the event of an emergency:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Previous Employment

Employers Name & Address	From	To	Position held	Reason for leaving
Present				
Previous				
Previous				

### Education

School name and address	Date		Examination Results
	from:	To:	

**Health**Are you in good health: YES  NO Are there any disabilities which may affect your application? YES  NO 

If YES, describe disabilities:


Leyland SDM operates a **NO SMOKING** policy throughout the organisation.Do you smoke?: YES  NO If YES, how many per day?: How many days of sickness absence have you had in the last twelve months? **National Insurance Number:** Work Permit Number: Passport Number: **Health cont/..**

Do you/did you ever suffer from:	YES	NO
Back Problems	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>
Heart conditions	<input type="checkbox"/>	<input type="checkbox"/>
Stomach pains	<input type="checkbox"/>	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	<input type="checkbox"/>

If YES, give details including when you last experience problems:


**Interests and hobbies**

Please provide details of your interests and hobbies


**Working practices**

Depending on the position applied for, you may be required to work in excess of the EC guideline, maximum 48 hours per week. You will be advised of your exact working hours when an offer of employment is made.

**I am prepared to work in excess of 48 hours per week if required.** Initials **I am not prepared to work in excess of 48 hours per week if required.** Initials 

Leyland SDM reserve the right to move you from branch to branch as necessary. We will endeavour to provide as much notice as possible. This may mean more/less travel time to and from work. Please indicate your willingness to move from branch to branch.

**I am prepared to move from branch to branch as required.** Initials **I am not prepared to move from branch to branch as required.** Initials **References**

I authorise Leyland SDM to obtain references to support this application and release Leyland SDM and the referees from any liability caused by giving and receiving information.

**At least one of the referees should be your current/last employer.**

Name:
Relationship:
Company Name:
Address:
Post Code:
Tel No:

Name:
Relationship:
Company Name:
Address:
Post Code:
Tel No:

I confirm that the information given on this form is correct. I understand that any false information may lead to my application being refused, my offer of employment being withdrawn, or my dismissal should I have entered Leyland SDM's employment.

Signature: Date: