MD Group

APPLICATION FORM

Please complete this Application Form in black ink and email to: dawn.dean@mdgroup.co.uk or post to: Human Resources, The MD Group Ltd, The Malt House, Durnford Street, Ashton, Bristol BS3 2AW.

POSITION APPLIED FOR:_____

The following information will be treated in the strictest confidence.

Personal

(Please complete this section in BLOCK CAPITALS)

Surname: _____

First name: _____

Address: _____

_____

Postcode: _____

Home telephone number: _____

Mobile telephone number: _____

Full Driving Licence: **Yes / No** Endorsements: **Yes / No**
If YES, please give further details including dates:

_____

Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? **Yes / No**

If YES, please give full details:

_____

Are you subject to any restrictions or covenants which might restrict your working activities? **Yes / No**

If YES, please give full details:

_____

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974?) **Yes / No**

If YES, please give full details:

_____

If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment? **Yes / No**

Have you ever worked for this Company before? **Yes / No**

If YES, please give full details:

_____

Have you applied for employment with this business before? **Yes / No**

Do you need a work permit to take up employment in the U.K.? **Yes / No**

How much notice are you required to give to your current employer?

_____

Education

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

_____

_____

Please list languages spoken and the level of competence:

_____

_____

Employment Details

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

Present or Last Employer

Are you currently employed? **Yes / No**

Name of present or last employer: _____

Address: _____

_____

Telephone number: _____

Nature of business: _____

Job title & brief description of duties: _____

_____

Reason for leaving: _____

Length of service: From: _____ To: _____

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Interests, Achievements, and Leisure Activities

(e.g. hobbies, sports, club memberships)

_____

_____

_____

Supplementary Information

Please set out below any further information to support your application

(e.g. past achievements, future aspirations, personal strengths)

_____

_____

Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Signed: _____

PRINTED: _____

Date: _____

References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? **Yes / No**

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

Source of Application

How did you hear of this vacancy? _____

Revision Sheet				
Issue No.	**Issue Date:**	**Pages**	**Reason for revision**	**Authorising signature**
1	16/12/2016	4	Initial Issue	

Revision History