## CHARD (1964) LTD t/a CHARD EMPLOYMENT APPLICATION FORM

POSITION APPLIE	D FOR:		
The followi	ng information w	vill be treated in the strictest confide	nce.
<b>Personal</b> (F	Please complete th	his section in BLOCK CAPITALS)	
Surname:			
First name:			
Address:			
Postcode:			
Home telephone number	er:		
Mobile telephone number	er:		
Full Driving Licence:	Yes / No	Endorsements:	Yes / No
If YES, please give further det	tails including dates: _		
Are you involved in any e.g., local government?	activity which mig	ght limit your availability to work or you	r working hours <b>Yes / No</b>
If YES, please give full details	÷		
Are you subject to any r	estrictions or cove	enants which might restrict your working	g activities? <b>Yes / No</b>
If YES, please give full details	:		
Are you willing to work of	overtime and week	kends if required?	Yes / No
Please give details of any hou	ırs which you would no	ot wish to work:	
Have you any conviction 1974)?	ns (other than spe	ent convictions under the Rehabilitation of	of Offenders Act Yes / No
If YES, please give full details	¢		
		d to complete a Pre-Employment Medica xamination before employment?	l Questionnaire.
Are you prepared to disc	zergo a medicar ez	xamination before employment:	Yes / No
Have you ever worked f	or this business b	pefore?	Yes / No
If YES, please give full details	:		
Have you applied for en	nployment with thi	is Company before?	Yes / No
Do you need a work per	mit to take up em	ployment in the U.K.?	Yes / No
How much notice are yo	ou required to give	e to your current employer?	

## **Education**

	Schools attended since age 11	From	То	Examinations and Results	
	College or University	From	To	Courses and Results	
	Further Formal Training	From	То	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	Dates	Position held/Main duties	Reason for
of employer			leaving
acout ar Last E	malovor		
esent or Last E	mpioyer		

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:	
Interests, Achievements, and Le (e.g. hobbies, sports, club memberships)	eisure Ac	tivities		

Supplementary Information  Please set out below any further inform  (e.g. past achievements, future aspirate	mation to support your application
Declaration	
	this form is complete and accurate. I understand that any ons will disqualify me from employment or may render me
personnel administration and payroll a	in confidence by the Company, for the purposes of ongoing administration in compliance with the Data Protection Acany immediately of any changes to the above details.
Signed:	
PRINTED:	
Date:	
References	
	le (one of which should be your present or most recen rareference.
Can we approach your current employ	ver before an offer of employment is made? Yes / No
	Name:
Name:	Traine.
Name: Position:	Position: