

APPLICATION FOR EMPLOYMENT

PLEASE ANSWER ALL QUESTIONS
FAILURE TO DO SO MAY DELAY YOUR APPLICATION

Position applied for:

.....

With which Group company?

.....

How did you hear of this vacancy?

.....

Surname:

Forename(s):

Address:

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Postcode:.....

Email:

Tel. Number (home):

Tel. Number (mobile):

Own Transport: Yes No

Valid Driving Licence: Yes No

Name and address of next of kin in case of emergency:

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Postcode:.....

Telephone number:

Relationship to you:

Have you ever worked for the Group before?

No Yes (if yes, please specify)

Which Group company?.....

To: From:

Position:

Education: evidence of qualifications may be required.

School, College etc:

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Qualifications: (subjects, results)

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Additional special skills, relevant training, professional memberships etc:

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FOR INTERNAL USE ONLY

To be completed and signed off by Manager if an offer of employment is made.

(No application will be passed to relevant payroll department without these details and signature)

airsprung
GROUP PLC

APPOINTMENT AUTHORISATION:

Appointed by:

Signature:

Job title:

Date:

TO WAGES DEPARTMENT:

Start date: Grade:

Job title:

Hours of work:

Title:

Forenames:

Address:

Postcode:

Pay: (weekly/monthly/annually) £

Department:

Group company:

Supplements
/Allowances:

Surname:

Telephone:

Date of Birth: