Please answer all questions

Have you ever been convicted of a criminal offence? (if yes please give details)
What are your main interests, sports and hobbies?
What professional bodies or trade unions do you belong to?
Do you have any other commitments which might limit your working hours?
Do you have any holiday commitments? (if yes please give details)
Do you know anyone employed by our Company? (if yes please give details)
What is the period of notice required to your present employer?

REFERENCES

Name	Address	Occupation	Can they be contacted now
Character			
Experience			

DECLARATION BY APPLICANT

I confirm that the above information is correct and understand that misleading statements may be sufficient grounds for cancelling any agreement made. I also understand that questions left unanswered may be discussed at interviews arising from this application.	Signature ……	Date:- ……..

PLEASE RETURN COMPLETED FORM TO:-

NTR Ltd
UNIT 372A
THORP ARCH ESTATE
WETHERBY, WEST YORKSHIRE LS23 7BJ
TEL: 01937 845112 FAX: 01937 845467
E-mail: info@ntrltd.co.uk
Website:www.ntrltd.com

FOR OFFICIAL USE ONLY

Certificate No. FS21771

eef Yorkshire and Humberside

NTR LTD

PRECISION TOOLING ENGINEERS

APPLICATON FOR EMPLOYMENT

Private and Confidential

POST APPLIED FOR:-

DATE:-

PERSONAL DETAILS

Surname: First Name/s:

Address:- …… Marital Status

…….. Ages of Children (if any)

…… National Insurance No:

Postcode …… ……Tel No ……..

Place of Birth:	Nationality:

Have you a current driving licence YES / NO	Full or Provisional?	For which Vehicle Groups?
Do you own your own car YES / NO	Any Offence Points Endorsed YES / NO	

GENERAL EDUCATION

Please give details of schools attended from age 11

Name of School	Examinations Passed (including Grades)

GENERAL FURTHER EDUCATION & TRAINING

Please give details of further education since leaving school, including training courses

Name of College or University	Type of training (full time, part time, evening etc)	Subjects Studied	Qualifications obtained

HEALTH & MEDICAL HISTORY

Please give details of any treatments you are receiving…….

……...

Please state any reason for absences from work due to ill-health in the last 18 months:

……..

……..…

Have you ever suffered from any of the following (write YES or NO)

Dermatitis or skin problems		**Back problems/slipped disc**		**Diabetes**	
Indigestion, gastric or duodenal ulcer		**Rheumatism, fibrosis**		**Headaches, migraine**	
Deafness, earache, sinusitis		**Any deformity**		**Nervous breakdown**	
Chest trouble, asthma bronchitis, hay fever		**Fits, fainting attacks, giddiness**		**Do you wear glasses or contact lenses**	
Rheumatic fever, heart trouble		**Swollen ankles, varicose veins**		**Any serious accidents at work or elsewhere**	

Do you smoke **YES / NO**	**If so, how many per day?**	**Are you registered disabled YES / NO** **If yes, please give Reg No and expiry date:**
Height:	**Weight:**	**Would you be willing to have a medical examination if deemed necessary? YES / NO**

EMPLOYMENT HISTORY

Please list details in date order commencing with present or most recent

Name & Address of Employers	Dates (From/to)	Job Title & Main Duties	Gross Average Weekly Wage	Reason for Leaving

Which of the above jobs did you prefer and why?
Have you ever been made redundant or dismissed (If Yes, please give details)

Please tell us why you have applied and give examples of things you have done that make you particularly suited to the job?