



APPLICATION FOR PERMANENT EMPLOYMENT

FOR OFFICE
USE ONLY:

POSITION APPLIED FOR:

WHERE DID YOU HEAR ABOUT THIS VACANCY?

SURNAME:

FORENAMES:

HOME ADDRESS:
.....
.....
.....POSTCODE.....

CORRESPONDENCE ADDRESS (If living away from home):
.....
.....
.....POSTCODE.....

DATE OF BIRTH: AGE: SEX: M/F TEL. NO: HOME:
TEL. NO.: WORK: MOBILE NO: EMAIL ADDRESS:

HAVE YOU EVER WORKED AT PAULTONS BEFORE? YES /NO
If Yes, when and in what Department?

HAVE YOU EVER ATTENDED AN INTERVIEW FOR A VACANCY AT PAULTONS? YES /NO
If Yes, when and for what position?

DO YOU REQUIRE A WORK PERMIT TO WORK IN THE U.K? YES /NO *(If you were born in the UK, have a British Passport, a National Insurance Number or you live in the European Economic Area then you do not require a work permit. If you have a Home Office letter or stamp in your passport indicating that you have permission to take employment, we need to see this document before employment is confirmed.)*

SCHOOL/COLLEGE/UNIVERSITY	FROM	TO	EXAMINATIONS AND RESULTS OR SUBJECTS CURRENTLY STUDYING:

EMPLOYMENT DETAILS (List below present and past employment, beginning with your most recent)

DATES		EMPLOYERS NAME AND ADDRESS	JOB TITLE	REASON FOR CHANGE
FROM	TO			

Continue this section overleaf

DATES FROM TO		EMPLOYERS NAME AND ADDRESS	JOB TITLE	REASON FOR CHANGE

PLEASE PROVIDE INFORMATION ON A SEPARATE SHEET IF INSUFFICIENT SPACE AND/OR ATTACH YOUR CURRENT C.V.

IT WOULD BE USEFUL TO US IF YOU COULD INDICATE YOUR CURRENT SALARY LEVEL AND/OR SALARY EXPECTATION FOR THIS POSITION:

WORK RELATED TRAINING COURSES ATTENDED, PROFESSIONAL MEMBERSHIP AND QUALIFICATIONS:

PLEASE GIVE DETAILS OF ANY HOBBIES OR INTERESTS:

WHEN COULD YOU JOIN THIS COMPANY, OR HOW MUCH NOTICE DO YOU HAVE TO GIVE?

DO YOU HAVE ANY HOLIDAYS BOOKED OR OTHER COMMITMENTS? (Dates)

IF OFFERED THIS POSITION WILL YOU CONTINUE TO WORK IN ANY OTHER CAPACITY? YES/NO

DO YOU HOLD A FULL CURRENT DRIVING LICENCE? (If required for position) YES/NO

If Yes, how long?Please give details of any motoring convictions

HOW DO YOU INTEND TO TRAVEL TO WORK? OWN TRANSPORT PUBLIC TRANSPORT OTHER

ARE YOU FLUENT IN ENGLISH? YES/NO

ARE YOU FLUENT IN ANY OTHER LANGUAGE? YES/NO

IF YES, PLEASE STATE:

ARE YOU A REGISTERED FIRST AIDER ? YES/NO IF YES, DATE QUALIFIED:.....

DO YOU SUFFER FROM ANY RECURRENT MEDICAL CONDITION? e.g. Asthma, Hay Fever, Allergies YES/NO (If Yes, please give details)

HAVE YOU SUFFERED ANY SERIOUS MEDICAL CONDITION(S) REQUIRING FURTHER INVESTIGATION, HOSPITALISATION, SURGERY OR MORE THAN TWO WEEKS OFF WORK IN THE PAST? YES/NO If Yes, please give details

DO YOU USE ANY PRESCRIBED MEDICATION THAT MAY AFFECT YOUR DUTIES? IF YES, PLEASE SPECIFY:

