



APPLICATION FOR EMPLOYMENT

RECRUIT FOR ATTITUDE TRAIN FOR SKILLS

WESTON EU LIMITED STATION ROAD FOULRIDGE COLNE LANCASHIRE ENGLAND BB8 7LE
TELEPHONE +44 (0)1282 863993 FACSIMILE +44(0)1282 865834 EMAIL www.westoneu.com

Name:

Address:

Postcode:

Tel No.:

Nationality:

Position Applied for:

Where did the position appear (e.g. internally, local newspaper, job centre)

****IF THERE IS INSUFFICIENT SPACE FOR DETAIL AT ANY POINT PLEASE USE A SEPARATE SHEET AND ATTACH IT TO YOUR APPLICATION****

Formal & Specialist Qualifications / courses attended:

Educational / Training Establishment

Qualification / Exam Board

Date

| Educational / Training Establishment | Qualification / Exam Board | Date |
|--------------------------------------|----------------------------|------|
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Previous employment history (starting with current employer if applicable):

Position held

Company

Date (from - to)

| Position held | Company | Date (from - to) |
|---------------|---------|------------------|
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Family Details (optional):

Please give an outline of your family (include marital status, number of children, etc):

Social interests / hobbies:

Please give details of your interests and hobbies:

Have you any relatives who work for this company?

YES / NO (if YES, give details)

Have you previously worked for this company?

YES / NO (if YES, give details)

Do you have a criminal record?

YES / NO (if YES, give details
spent' convictions need not be listed)

Are you known to have any medical condition?

YES / NO (if YES, give details)

Are you attending any doctor or receiving any treatment?

YES / NO (if YES, give details)

Do you suffer from or have you had a Repetitive Strain Injury (RSI)

YES / NO (if YES, give details)

Weston EU have a NO SMOKING policy, do you agree to adhere to this policy?

YES / NO

References:

| | |
|------------------|------------------|
| Name: | Name: |
| Contact Address: | Contact Address: |
| | |
| | |
| | |
| Tel No.: | Tel No.: |

Do you agree to the referees being contacted directly? YES / NO (if NO, give details)

"NOTE"

Upon commencing employment, there will be a probationary period (time will be advised on acceptance)
I hereby declare that the information I have given on this form is, to the best of my knowledge, complete and accurate

Signed: _____ Date of Application: _____

NOTE: if a position is not available or your application is not successful at this present time, this form will be kept on record to be considered for subsequent opportunities, for a period of 6 months.

For Use by Weston EU

Position: _____ Start date: _____

Department: _____

Managerial staff

Manager's name (print): _____

Signature: _____ Date: _____

Send to wages dept: _____