

Confidential Application for Employment – Thomas Fattorini Ltd

Surname:	Forenames:	
Address:	Telephone Number:	
	Do you hold a Current Driving Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position Applied for:	Would you work in any other capacity if you were offered this position?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Health Details

Are you in good general health? If No please state medical condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving any medical treatment? If yes, please state what?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any form of disability? If Yes please give details of how we can help you overcome these limitations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any absence from work in the past 12 months and state the reasons for them.	

Education

Schools/Colleges attended	Qualifications Gained

Criminal Record

Please list any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974.
If none state 'none'. None

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Employment History

Dates Employed From-to	Name & Address of Employer	Job Title and Description of Duties	Reason for Leaving	Rate of Pay Per/hr Per/yr

Interest and Hobbies

Please state here your leisure interest, sports and hobbies and any other pastimes.

References

Please give the names and addresses of two people to whom we can apply for a reference.
One of these should be your previous employer. If you do not want us to contact them, unless we offer you the position please tick the box. No contact

1 - Name Position Address	2 - Name Position Address

Declaration

1. I confirm that the information provided on this application form is accurate and correct.
I understand that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

2. I hereby give my authority for the organisation to contact my doctor for any further information regarding my state of health.

Print name	Sign	Date