

SURNAME \_\_\_\_\_

NEXT OF KIN – NAME, ADDRESS & RELATIONSHIP & TEL NO  
\_\_\_\_\_

OTHER NAMES \_\_\_\_\_

MEDICAL HISTORY : Please give details, with dates, of any serious illnesses, operations, accidents or disabilities

Have you ever been convicted of a criminal offence (which is not a spent conviction under the rehabilitation of offenders Act 1974) ?

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YES/NO.** If yes, give details

POST CODE \_\_\_\_\_ TEL: \_\_\_\_\_

ARE YOU A REGISTERED DISABLED PERSON **YES/NO** \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

EMAIL : \_\_\_\_\_ TEL : \_\_\_\_\_ MOB : \_\_\_\_\_

**MALE/FEMALE** MARITAL STATUS \_\_\_\_\_

**MOST RECENT JOB**

NATIONAL INSURANCE NO. \_\_\_\_\_

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_

DATE WORKED FROM \_\_\_/\_\_\_/\_\_\_ DATE WORKED TO \_\_\_/\_\_\_/\_\_\_

JOB \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

NATIONALITY \_\_\_\_\_

SALARY £ \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

I understand that misrepresentation or omission of factual information requested on this application is cause for dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MANAGEMENT USE ONLY**

EMPLOYEE NUMBER \_\_\_\_\_ JOB/TITLE \_\_\_\_\_

P45 Received **YES/NO**

START DATE \_\_\_/\_\_\_/\_\_\_

P46 Completed **YES/NO**

REMUNERATION £ \_\_\_\_\_ PER \_\_\_\_\_ (Weekly / Hourly / Monthly / 2 Weekly / 4 Weekly)

PASSPORT Copy Provided **YES/NO**