

EMPLOYMENT APPLICATION FORM



Shotover Kilns, Old Road, Headington, Oxford OX3 8ST
 Telephone: 01865 750375 Fax: 01865 769985
 E-mail: balances@euroinst.co.uk www.euroinst.co.uk

POSITION APPLIED FOR:		DATE:	
FULL NAME:			
FULL ADDRESS:			
EMAIL ADDRESS:			
TELEPHONE NUMBER:		MOBILE NUMBER:	
DATE OF BIRTH:		BIRTH PLACE:	
NATIONALITY		MARITAL STATUS:	
GIVE AGE AND SEX OF ANY CHILDREN			
NEXT OF KIN		SECOND CONTACT IN CASE OF EMERGENCY	
ADDRESS		ADDRESS	
TEL NO: HOME		TEL NO: HOME	
TEL NO: WORK		TEL NO: WORK	
DO YOU SUFFER FROM ANY PHYSICAL DEFECT OR ILLNESS?			
DO YOU SMOKE?			
DO YOU HOLD A CURRENT DRIVING LICENCE?			
DETAILS OF ANY ENDORSEMENTS ETC			
LICENCE NUMBER		DATE PASSED	
ELIGIBILITY TO WORK IN THE UNITED KINGDOM		Please place a tick in one of the boxes below	
Please indicate which of the documentary evidence below which you will be using to prove your eligibility. You will be required to present this to us prior to a job offer being made.			
A passport showing that the holder is a citizen of the European Union			
A document giving the persons permanent NI number and name. (This could be a P45,P60, or a National Insurance card). PLUS a full birth certificate issued in the UK which includes the names of the holders parents.			
Other please detail:-			
HAVE YOU BEEN REFUSED OR HAD ANY SPECIAL CONDITIONS IMPOSED ON INSURANCE COVER OF ANY KIND?			
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?			
WOULD YOU BE WILLING TO PROVIDE A CRB (CRIMINAL RECORDS BUREAU) DISCLOSURE			
GIVE DETAILS OF ANY HOLIDAY PERIODS BOOKED OR ANY PERIODS FOR MEDICAL ATTENTION THAT IS REQUIRED			
ARE YOU CURRENTLY UNDER THE CARE OF A DOCTOR OR OTHER MEDICAL PROFESSIONAL?			
IF OFFERED THIS POSITION WILL YOU CONTINUE TO WORK IN ANY OTHER EMPLOYMENT (VOLUNTARY OR OTHERWISE)?			
ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?			

EDUCATION

SCHOOLS	FROM	TO	EXAMINATION AND RESULTS
COLLEGE/UNIVERSITY	FROM	TO	COURSES AND RESULTS
FURTHER EDUCATION & FORMAL TRAINING	FROM	TO	COURSES AND RESULTS
PROFESSIONAL MEMBERSHIPS AND QUALIFICATIONS			
PLEASE OUTLINE THE SKILLS AND EXPERIENCE YOU HAVE GAINED THROUGH PAID EMPLOYMENT WHICH ARE RELEVANT TO YOUR APPLICATION TO THIS JOB.			

PREVIOUS EMPLOYMENT

Period		Position	
		Company	
Salary		Reason for Leaving	

Period		Position	
		Company	
Salary		Reason for Leaving	

Period		Position	
		Company	
Salary		Reason for Leaving	

Period		Position	
		Company	
Salary		Reason for Leaving	

Period		Position	
		Company	
Salary		Reason for Leaving	

Period		Position	
		Company	
Salary		Reason for Leaving	

Period		Position	
		Company	
Salary		Reason for Leaving	

Period		Position	
		Company	
Salary		Reason for Leaving	

DETAILS OF OUTSIDE INTEREST, HOBBIES OR SPORTS ACTIVITIES

ANY OTHER INFORMATION YOU WOULD LIKE TO GIVE THAT MAY BE RELEVANT TO THIS APPLICATION

REFERENCES

Please give details of two referees that we are able to contact:

- If you have had previous employment, at least one of these references should be from a previous employer
- Please do not give family members as referees

	REFEREE 1	REFEREE 2
NAME:		
COMPANY NAME:		
COMPANY ADDRESS:		
JOB TITLE:		
RELATIONSHIP TO APPLICANT:		
TELEPHONE NUMBER:		
MOBILE NUMBER:		

APPLICANTS SIGNATURE:

DATE:

PLEASE RETURN THIS FORM TO:

EUROPEAN INSTRUMENTS
SHOTOVER KILNS
OLD ROAD
HEADINGTON
OXFORD OX3 8ST
TEL (01865) 750375 FAX (01865) 769985
EMAIL jobs@euroinst.co.uk