

APPLICATION FOR EMPLOYMENT



Please print out and complete ALL sections in black ink.

Post the completed form
WITH YOUR C.V. to

**Job Applications
Daytona Visual Marketing Ltd
Tamworth Business Park
Tamworth
Staffordshire
B77 4RP**

For questions relating to this application please contact
Kate on 01827 54551

APPLICATION FOR EMPLOYMENT



PLEASE PRINT CLEARLY

For office use only	
Possible Work Location	Possible Positions

For office use only	
Work Location	Pay
Position	Start Date

PERSONAL

Surname	Forenames
Address	Telephone Numbers Private Business
	Date of Birth
Post Code	Are you legally eligible for employment in the UK?

Do you have any physical condition, which could limit your ability to perform the particular job for which you are applying?
If so please describe how you would be able to perform the job in spite of it.

Do you have a current driving license? YES / NO Is it clean YES / NO If NO, give details:

Have you ever been convicted of a criminal offence, other than a spent conviction under the rehabilitation of offenders Act 1974?
YES / NO

EMPLOYMENT

Position applied for

Pay expected £ per

Would you work full time? YES / NO Part time, state days / hours

If offered this position, will you continue to work in any other capacity?

Have you previously worked for us? YES / NO If yes, when?

On what date would you be available for work?

EDUCATION

Schools	From	To	Examinations and Results

College / University	From	To	Courses and Results

Further Education / Formal Training	From	To	Courses and Results

Professional Membership Qualifications

Please outline the skills and experience you have gained through paid employment and other work activities and interests, which are relevant to your application of this job.

EMPLOYMENT HISTORY

Name and address of employer	From		To		Starting salary	Leaving salary	Name of supervisor
	Mo	Yr	Mo	Yr			
					£ per	£ per	
Tel:	Job Title: Describe what you did:						
Type of business:	Reason for leaving:						
Name and address of employer	From		To		Starting salary	Leaving salary	Name of supervisor
	Mo	Yr	Mo	Yr			
					£ per	£ per	
Tel:	Job Title: Describe what you did:						
Type of business:	Reason for leaving:						
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	Mo	Yr	Mo	Yr			
					£ per	£ per	
Tel:	Job Title: Describe what you did:						
Type of business:	Reason for leaving:						

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s)

PERSONAL REFERENCES

Please give details of two people (not relatives or former employers) we could approach for references

Name Occupation Address Telephone	Name Occupation Address Telephone
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The facts set forth in this application for employment are, to the best of my knowledge, true and complete

Signed Date

Medical History (Strictly Confidential)

Please answer the following questions by crossing the "YES" or "NO" as appropriate. If your answer to any of the questions is YES, please give a full explanation, on additional paper if necessary. Our interest is in your suitability and availability for work: private medical details are not required at this stage.

- | | | |
|--|-----|----|
| 1. Have you been absent from work because of sickness or injury on more than two occasions or more than three days at a time during any of the last three years? | YES | NO |
| 2. Have you ever given up work or been dismissed for health reasons? | YES | NO |
| 3. Have you (or any on your behalf) ever made compensation claim for personal injury? | YES | NO |
| 4. Has any job application or insurance proposal, which you have made, been rejected for health reasons? | YES | NO |
| 5. Have you at any time had any recurring persisting medical problems such as headaches, blackouts, giddiness, indigestion, pain in your hands or forearm, arthritis, back trouble, diabetes or epilepsy or are you under the care of a doctor at present? | YES | NO |
| 6. Have you been diagnosed as HIV positive? | YES | NO |
| 7. Have you ever received medical treatment for any mental illness or nervous disease such as depression, anxiety, stress or nervous trouble? | YES | NO |
| 8. Have you ever been given counselling, medical or other treatment in connection with alcohol or drug dependency? | YES | NO |
| 9. Do you have any reservations about lifting, carrying, handling, reaching and climbing which might be expected in the job of the type for which you have applied? | YES | NO |
| 10. Would you have any difficulty reading a car number plate at a distance of 25 meters or reading ordinary newsprint wearing spectacles if necessary? | YES | NO |
| 11. Have you ever been advised by a doctor not to drive or had to surrender you licence or apply for a special licence for medical reasons? | YES | NO |
| 12. Do you have difficulty tolerating heights or enclosed spaces? | YES | NO |

Name and address of your doctor:

Certification

I certify that I have completed this application truthfully. Any information subsequently found to have been given untruthfully could result in the withdrawal of an offer of employment forthwith an/or render me liable for summary dismissal.

Print Name:

Signature:

Date:

Asylum and Immigration Act 1996

The Government has changed section 8 of the Asylum and Immigration Act 1996 for all United Kingdom employers on preventing the employment of illegal workers. These changes came into effect on May 1st 2004.

Employers must ask potential employees to produce one original document from the list below to provide themselves with a statutory defence against conviction for employing an illegal worker. These documents will be checked and copied and the copy retained by the employer.

- **A passport showing that the holder is a British citizen, or has a right of abode in the United Kingdom.**
- **An Application Registration Card Issued by the Home Office to an asylum seeker stating that the holder is permitted to take employment.**

If you do not hold one of the above, you can produce: -

- **Your P45, P60, a National Insurance card or letter from a government agency.**

Along with: -

- **A full birth certificate issued in the United Kingdom, which includes the names of the holders' parents: -**

OR

- **A birth certificate issued in the Channel Islands, the Isle of Man or Ireland.**

OR

- **A certificate of registration or naturalisation stating that the holder is a British Citizen.**