

APPLICATION FORM

Charles Owen & Co. (Bow) Ltd, Royal Works, Croesfoel Ind Park, Wrexham LL14 4BJ
Tel: (01978) 317777 Fax: (01978) 317778

Position Applied For _____

PERSONAL DETAILS

Surname:	Forename(s)	Mr.Mrs.Miss*
Address:	Telephone Number: _____	
	Mobile Number: _____	
Postcode:	Marital Status: _____	
National Insurance No: _____	No. of Children: (if any) _____	
	Smoker: Yes/No*	

Do you have a current driving licence?

Please give details of any driving offences currently under endorsement:

How are you planning on travelling to work?

CRIMINAL RECORD Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none, please state.

HEALTH DETAILS

Doctors Name & Address: _____

_____ Tel _____

Are you registered disabled? **YES/NO** If **YES** Registration No: _____

Please list any diseases, disorders or allergies from which you have suffered or do suffer.

Are you afraid of heights or confined spaces? **YES/NO** Please give details

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

LEISURE/INTERESTS Please note here your leisure interests, sports and hobbies, other pastimes etc.

EDUCATION & QUALIFICATIONS

Schools/Colleges Attended

Qualifications Obtained

EMPLOYMENT DETAILS

Name & Address of Employer	From:	To:	Starting Salary:	Leaving Salary:
	Job Title:			
	Describe the work you did			
	Reason for Leaving:			

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	Job Title:			
	Describe the work you did			
	Reason for Leaving:			

Notice Required in Current Post:

REFERENCES Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

Name:

Name:

Address:

Address:

Telephone No:

Telephone No:

DECLARATION (Please read this carefully before signing the application)

1. I confirm that the above information is complete and correct and 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 details of my state of health.

Signed _____

Date _____