

ELECTROPARTS JOB APPLICATION FORM – Application to be hand written, with all sections complete

NAME		DATE	
DOB		DEPENDENTS	YES/NO
ADDRESS		REFERENCES 1	REFERENCE 2
TELEPHONE			
NI No.			
GRADE	CERTIFICATE/QUALIFICATION	DATES	WORK EXPERIENCE

IS THERE ANY WORK YOU CANNOT DO FOR HEALTH OR OTHER REASONS: YES/NO
 DETAILS:

Unless you state YES and give details you are confirming that you are able to complete all work listed in the job description without problems

GIVE DETAILS OF ANY ILLNESSES REQUIRING MEDICAL ATTENTION OVER THE LAST 5 YEARS:

DATES	DETAILS

PLEASE DESCRIBE YOUR EMPLOYMENT ATTENDANCE RECORD OVER THE LAST 2 YEARS:

HAVE YOU EVER BEEN CHARGED WITH ANY OFFENCE IN LAW: Y/N

Unless you state YES and give details you are confirming that you have never been charged with any offence.

IF YES PLEASE DETAIL:

GENERAL INFORMATION - HOBBIES - SKILLS - INTERESTS ETC.

I HEREBY CONFIRM THAT THE INFORMATION SUPPLIED ON THIS FORM IS TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE

SIGNED: