

Employment Application

(*Delete as appropriate)

Personal Details					
Surname Name		First Name			
Address: (Including Post code)					
Home Tel No:		Mobile No:			
Type of work required:					
Do you have any disabilities or conditions that may affect you application?					YES / NO *
If yes please give details:					
Are you registered disabled? Please quote registration No. if yes:					YES / NO *
In the last 12 months how many days were you absent due to sickness:					
Please give reasons:					
Do you need a work permit to work in the UK Please quote No. if yes:					YES / NO *
Employment History					
Present Employer:					
Type of Business:		Job Title:			
Reason for leaving:					
Date Started:		Date Left:		Salary/hourly rate:	
Duties/responsibilities:					
Previous Employer:					
Type of Business:		Job Title:			
Reason for leaving:					
Date Started:		Date Left:		Salary/hourly rate:	
Duties/responsibilities:					
Previous Employer:					
Type of Business:		Job Title:			
Reason for leaving:					
Date Started:		Date Left:		Salary/hourly rate:	
Duties/responsibilities:					
Driving Licence					
Type:	FULL / PROVISIONAL / NONE *			Categories:	
Endorsement code:		No. of points:		Date of offence:	
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J McCann & Co (Nottm) Ltd
 Ascot House
 Lenton Street
 Sandiacre
 Nottingham
 NG10 5DJ



Tel: 0115 954 1166

Fax: 0115 939 5845

E Mail: enquiries@jmccann.co.uk

Training			
Type:	FULL / PROVISIONAL / NONE *	Categories:	
Endorsement code:		No. of points:	Date of offence:

Please give details of any training /courses you have attended relevant to the position applied for

Date	Details

Have you got your street works Yes No Registration number.....

Have you got your CSCS Yes No Registration number.....

Have you got your CPCS Yes No Registration number.....

Please supply two work related references

References

1

2

Name		
Company		
Address		
Post Code		
position		
Tel No		

To monitor and ensure compliance with our equal opportunities policy

The Company is committed to the principle of Equal Opportunity in employment and opposes discrimination on the grounds of sex, sexual orientation, colour, race, nationality, ethnic or national origins, gender or marital status or disability.

Applicants are requested to fill in the relevant boxes.

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Date of birth __/__/____ Male Female

Ethnic Group

White Black Caribbean Black African Chinese Asian Other

Declaration

I confirm that the information given in this application is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

I authorise the Company to obtain references to support this application once an offer has been made and accepted and release the Company and referees from any liability caused by giving and receiving information.

Name:

Date: