

Vacancy Applied For:

Mr/Mrs/Ms/Miss/Other: _____
 Surname: _____ First Names: _____
 Address: _____

 _____ Post Code: _____
 Telephone: _____ Mobile: _____

Please Tick Department:

Administration
 Transport
 Commercial Garage
 Crane Hire
 Car Garages

Do you hold a full car driving licence? Yes No
 Do you hold an LGV Licence? Yes No
 Please give details of any outstanding endorsements, other than for speeding:

 Driving Licence No: _____
 LGV Class: _____ LGV Expiry Date: _____
 Date of Last Medical: _____ Date Next Medical Due: _____

Date of Birth: _____
 Place of Birth: _____
 Marital Status: Single Married
 Divorced Widow/er
 Number of Children: _____
 Ages: _____

Please give details of any convictions 'not spent' under the Rehabilitation of Offenders Act 1981:

Are any members of your family already employed by The Welch Group? Yes No
 If Yes, please give details: _____

Have you ever been employed by The Welch Group? Yes No
 If Yes, please give details: _____

Please give details of the bank or building society account into which you would like your salary paid:
 Bank/Building Society Name: _____ Sort Code: _____
 Address: _____ Post Code: _____
 Account Number: _____ Account Name: _____
The Welch Group does not make cash payments in respect of salary. The details given above will be treated in the strictest of confidence.

Medical Background (continue on a separate sheet if necessary)
 Do you have, or have you ever suffered from, any of the following:

Strain Injury: Yes No
 Heart Conditions: Yes No
 Respiratory Problems: Yes No
 Back Injury/Problems: Yes No
 Eye Conditions: Yes No
 Diabetes: Yes No
 Are you registered disabled? Yes No
 Do you smoke? Yes No

Please give details of any illness or condition which requires regular medical treatment, or any other health issue which might affect your work: _____

Have you been absent from work for more than 5 days in the last 12 months? Yes No
 If yes, please give details: _____

Please give the names and addresses of two referees. Where appropriate, one should be your present or last employer. No references will be followed up until after a job offer has been made. Any job offer is subject to satisfactory references being obtained.

1: _____ 2: _____

The information given here forms part of the terms and conditions of employment.

Misleading or untrue answers may result in an employment offer being withdrawn, or disciplinary action being taken at a later date.

Details about your employment and education background. Continue on a separate sheet if necessary.

Please give some information about your current job. If you are unemployed, please write 'unemployed' and state how long you have been without work.

Your employer's name: _____ Town: _____

Name of your job: _____

What do you do? _____

How long have you had this job? _____ How much do you earn? _____

How much notice do you have to give? _____

What other benefits do you receive from your employer? _____

Please list here any other employment you have had during the last 10 years, with the most recent at the top:

Job Title	Employer	From	To	Pay	Comments
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have any part time employment, i.e. bar work? Yes No

If yes, please give details: _____

Please list here any education you have received, both full and part time, with the most recent at the top:

Type of education	Where	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What qualifications do you have? _____

Why do you want to leave your present employer?

Why have you applied for this vacancy?

Please read this carefully. Only sign, date and return this form if you agree to these conditions: I have carefully completed both of these pages which form my application for employment. I confirm that the answers that I have given are both honest and accurate. I understand that this document may form part of my conditions of employment.

Signed: _____ Date: _____

FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS BOX

Date employment commenced: _____ N.I. Number: _____

Rate of pay: _____ Location: _____

P45 required: _____ P45 received: _____ P45 sent to tax office: _____

Department: _____ Contract of employment issued on: _____