Position Applied	
for:	

ABSCAFF LIMITED - Application Form

THE INFORI	MATION YOU SUPPLY ON	THIS FORM	WILL BE TRE	ATED IN CONFIDENCE.	
Section 1	Personal details				
First Names:					
Last Name:					
Address:					
Postcode:					
Marital Status:					
Age:					
Date of Birth:					
Home Telephon	e Number:				
Mobile Telephor	ne Number:				
E-mail address:					
National Insurar	nce Number:				
Are you eligible	to work in the UK?		Yes	No	
Do you hold a full UK driving licence?			Yes	No	
If yes, Do you have any points or convictions etc? :					
Section 2 Criminal Convictions					
Have you ever been convicted of a criminal offence?		Yes	No		
Have you any prosecutions pending?		Yes	No		
If you answered yes to any of the above, please give details / offence(s), sentence, etc:					

Section 3 Health & Holidays		
Number of days absent in the last 2 years:		
Please state reasons for the absence from work:		
Do you or have you used non prescription/ prescription drugs?	YES	No
If yes please provide details:		
If you have any holidays booked, please provide details:		

Section 4 Qualifications/Education

Date	Date	A (7) N			
From	То	Course / Training Name	Qualifications		

Section 5 Employment Record

Please list chronologically, starting with current or last employer

Name and Address of Employer	Dates (Start/End)	Job Title & Responsibilities	Wage on leaving post	Reason for Leaving		
Minimum Notice need to be given						

Use this section to add any further information which directly relates to your s	uitability for this position.

Section 7 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. (NB. References will only be taken if you commence employment with us)

Reference 1		Reference 2				
Name:			Name:			
Their Position (job title):			Their Position (job title):			
Work Relationship:			Work Relationship:			
Organisation:			Organisation:			
Dates Employed:	From:	То:	Dates Employed:	From:		То:
Address:			Address:			
Postcode			Postcode			
Telephone №:			Telephone №:			
E-mail:			E-mail:			
E-maii:			E-maii:			
Section 8	Declara	ition				
I confirm that the information provided in this application and within my Curriculum Vitae is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file. Abscaff Limited undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. After initial assessment, Abscaff Limited may keep your details on file pending suitable opportunities that may arise in the future.						
Signed:				Date:		

Please return this Application form to cmonro@abscaff.co.uk or to the Abscaff Office on Cotton Street.