

This form is private and confidential.

Please fill this form out in black ink, print in capital letters and tick boxes where applicable.

Personal Details.

Surname	Mr/Mrs/Miss/Ms*	Address		
Forenames				
Former Name				
(if applicable)		Postcode		
Home tel.no		Mobile.		
Nationality		Email		
*Delete as appropriate				
Do you hold a current, valid driving licen	nce?	Yes	No	
Do you hold a current, valid HGV licence?		Yes	No	
s/are your licence/s clean?		Yes	No	
If no, please give details(Please bring your driving licence with y				
Do you require a permit to work in the U	IK?	Yes	No	
If yes, do you have one?		Yes	No	
Do you have any criminal convictions pa	ast or present?	Yes	No	
How many days sickness have you had	in the past year?			
Employment.				
Position applied for				
Please state any holidays you may alrea	ady have booked			
How did you hear about this vacancy?				
Do you know anyone currently employe	d by ADC? (Please st	ate who)		
Employment History – Present/L	ast employer			
Company Name		Starting Salary/hourly rate		
Address		Present Salary/hourly rate		
		Employed from	To	
Type of business		Reason for leaving		
Job title and description/duties				



<u>Employment History – Previous Employers.</u> (Please give details of your employment history for the past 5 years)

Company Name	Company Name
Address	Address
Type of Business	Type of Business
Job Title and description/duties	Job Title and description of duties
·	<u>'</u>
Employed From To	Employed FromTo
Reason for Leaving	Reason for Leaving
Company Name	Company Name
Address	Address
Type of Business	Type of Business
Job Title and description/duties	Job Title and description of duties
Employed From To	Employed FromTo
Reason for Leaving	Reason for Leaving



Education.

	_			
Date From	Date To	Name & address of school university	ol, college &	Subjects studied and Grade achieved.
Training (Courses ar	nd other achievements.		
Dates		Cours	se title description	
Referenc	es.			
		referees who can comment upo e should be your present or mos		
Name			Name	
Position			Position	
Address			Address	
		st Code		Post Code
Daytime phone number			Daytime phone number	
	al Information		2 d y 6 p	
Please give	any additional	information you think might be		osition.
•••••				



Declaration.

In signing this declaration you are confirming that the details you are providing us with on this application form are, to the best of your knowledge true and complete.

You are also giving permission for this information to be used in the recruitment process and to form the basis of your employee file if you are offered employment. You are also giving permission for sensitive data to be processed in confidence by the companies HR department for the purpose of equal opportunity monitoring.

Please note: ADC (East Anglia) Ltd reserves the right to check academic and professional qualifications.

Should information provided on this application form, or on an enclosed CV on past experience, and/or qualifications be found to be false, any offer of employment may be withdrawn.

Signed	Date