Head Office: Canal Road, Trowbridge, Wiltshire, BA14 8RQ

Tel: 01225 754411 Fax: 01225 779177 Email: recruitment@airsprung-group.co.uk Website: www.airsprung-group.co.uk



APPLICATION FOR EMPLOYMENT

PLEASE ANSWER **ALL** QUESTIONS FAILURE TO DO SO MAY DELAY YOUR APPLICATION

Position applied for:			
	Own Transport:	Yes 🗖	No 🗖
With which Group company?	Valid Driving Licence:	Yes 🔲	No 🖵
	Name and address of next of kin in case of emergency:		
How did you hear of this vacancy?			
Surname:	Postcode:		
Forename(s):	Telephone number:		
Address:	Relationship to you:		
	Have you ever worked for th	e Group be	efore?
Postcode:	No 🔲 Yes 🔲 (if yes, please specify)		
Email:	Which Group company?		
Tel. Number (home):	To: Fro		
Tel. Number (mobile):	Position:		
Education: evidence of qualifications may be required.			
School, College etc:	Qualifications: (subjects, res	ults)	
Additional special skills, relevant training, professional member	erships etc:		

Employment History: Please complete this section by starting with your **present/most recent** employment and continue backwards up to a maximum of the previous five years. Continue on a separate sheet if necessary.

Name of Employer and nature of business	From	То	Job title and main duties, skills, etc	Reason for leaving (or notice required)	
Please tick if you are willing to work:	Days 🗖	Shifts	Late shift 🗖		
References: (not members of your family) Any offer of employment will be subject to receipt of references satisfactory to us. These will only be taken up after an offer of employment has been made. One should be your current/most recent employer.					
Name:		Nan	ne:		
Job title:		Job	title:		
Company name:			npany name:		
Address:			ress:		
Postcod					
Email:			nil:		
Tel. No.:			No.:		
Relationship to you:			ationship to you:		
May we contact your present employer if a	n offer of en	nployment is	s made? Yes 🔲 No 🖵		
Out of work activities: Hobbies, interests, public duties etc.					
Out of work activities. Hobbies, if	nterests, pu	blic duties e	etc.		

Other Information: Please use this space to include any other relevant information. You may, if you wish, give a brief account of your personal strengths, weaknesses and ambitions.				
Recruitment Policy: It is the company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not discriminate against any person because of race, colour, national origin, disability, age, sex or marital status. Declaration: To the best of my knowledge and belief, the information I have given on this application form is accurate and true. I understand that withholding or mis-stating the details may be the cause of refusal or termination of employment with member companies of Airsprung Group PLC.				
Equal Opportunities Monitoring Data: The following monitoring information is optional. If you do decide our recruitment procedures do not lead to discrimination and the from your completed form, so you cannot be identified, and will in a sealed envelope marked 'Equal Opportunities Data' and att Name: Date of Birth:	nat legal and other requirements are met. It is separated I play no part in the selection process. Please put this form each it to your completed form.			
Position Applied for:	Company:			
Male Female Single Married/Divorced Wic	lowed Nationality:			
Ethnic Origin: Which of the following best describes your ethnic	c origin? (Please tick one.)			
Ethnic Origin: Which of the following best describes your ethnic The categories used are those recommended by the Commission	c origin? (Please tick one.) on for Racial Equality. Black — other (please specify)			

FOR INTERNAL USE ONLY

To be completed and signed off by Manager if an offer of employment is made. (No application will be passed to relevant payroll department without these details and signature)



APPOINTMENT AUTHORISATION:

Appointed by:		Job title:
Signature:		Date:
TO WAGES	S DEPARTMENT:	
Start date:	Grade:	Pay: (weekly/monthly/annually) £
Job title:		Department:
Hours of work:		Group company:
Title:		Supplements /Allowances:
Forenames:		Surname:
Address:		Telephone:
		Date of Birth:
	Postcode:	