

**G.W.MARTIN & CO LTD
APPLICATION FORM
FOR EMPLOYMENT**

G.W.Martin & Co Ltd
7 Bishopstoke Road
Eastleigh
Hampshire
S050 6AD
Tel: 023 8064 2922

Important:

All information supplied on this form will be treated as strictly confidential.

No references will be sought from present or previous employers unless you are accepted for employment.

Your engagement will then be subject to satisfactory references being obtained.

In order to give your application the appropriate consideration, it is important that **all** questions are answered on this form.

G.W.Martin & Co Ltd does not discriminate against men or women whatever their race, religion or age. We welcome applications from disabled people.

PLEASE COMPLETE IN BLOCK CAPITALS

PERSONAL DETAILS:

Surname:	Christian Name(s):	Age:	Sex: M / F
Address:	Date of Birth:	Nationality:	
	Marital Status:	Number of and age of children:	
	Date of Application:	Telephone N°:	
	Position applying for:		

EMPLOYMENT RECORD: continue on separate sheet if necessary.

Employer's Name and Address Present Employment	From	To	Position	Wage	Reason for leaving or wanting to leave
Previous Employment					
Previous Employment					
Previous Employment					
Previous Employment					

APPRENTICESHIP/FORMAL TRAINING

If you have served an apprenticeship or received other relevant formal training, please give details below.

Date from	Date to	Employer	Trade/Training

ENGINEERING EXPERIENCE:

Give details of any engineering experience, including types of machines you have worked on.

EDUCATION:

School(s)/College(s) attended	Date from	Date to

QUALIFICATIONS/CERTIFICATES OBTAINED:

SUBJECT	GRADE	SUBJECT	GRADE

MEDICAL HISTORY: ** Please delete where appropriate

- 1 Have you any disability? YES / NO ** If YES, please give details below.
- 2 If answered Yes to above question, are you registered as disabled? YES / NO **
- 3 Do you suffer from any medical condition, which requires medication? YES / NO **
- 4 Do you suffer from any medical condition, which may hinder you in performing the work you have applied for? YES/NO **
If YES to questions 3 or 4 please give details below:
- 5 Approximately how many days' sickness have you had in the last 5 years.
- 6 Please state below, reasons for sickness on long periods of absence.

GENERAL: ** Please delete where appropriate

- 1 Are you prepared to work regular overtime? YES / NO **
- 2 Would you be available to work Night Shift if requested? YES / NO **
- 3 Would you prefer permanent Night Shift? YES / NO **
- 4 Have you been convicted or have prosecutions pending for criminal offences? YES / NO **
- 5 If appointed, when could you start: Start Date:

Declaration: I DECLARE that the particulars given or to be stated in support of my application are correct, and I understand that if found subsequently to be untrue, the Company shall be entitled to terminate any engagement that I may be offered.

Signed: Date: