G.W.MARTIN & CO LTD APPLICATION FORM FOR APPRENTICESHIP

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

Age:

Sev.

Important:

Surname:

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

No references will be sought from present or previous employers without your permission.

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.

Christian Name(s):

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:

								M/F								
Address:		Date of Birth: Marital Status: Date of Application:		Nationality: Number of and age of children: Telephone N°:												
										Position applying for:						
									MPLOYMENT/WORK EXP	ERIENC	E RECORI):				
Employer's Name and Address Present Employment	From	То	Position		Wage	Reason	for leaving o to leave	r wanting								
					1.0											
Previous Employment																
Previous Employment				10												

YOUR REFEREES

Please supply two referees who might be able to tell us more about you. One of these should ideally be your most recent employer or teacher/tutor. The other should be someone who knows you but is not a friend or relative.						
Name:	Name:					
Address:	Address:					
Relationship:	Relationship:					

Date from	Date to	Employer	T	raining	
	7				
DUCATION				D. A. Suran	Data ta
		School(s)/College(s) attended		Date from	Date to
HALIFICA'	TIONS/CERTIFIC	ATES OBTAINED: Please marl	k expected grades e.g. (C ex)		
SUBJECT SUBJECT		GRADE	SUBJECT		
ASTIMES: Please list ar	ny activities/interest	ts that you take part in or have o	outside of School/Work		
OUR HEAL	TH: ** Please dele	ete as appropriate			
1) Have you 2) Do you 3) Do you 4) Do you 5) If Yes t	ou had any major suffer from any s have any medical have, or have you o 4. are you regist	illnesses/operations in the pa kin complaints? YES / NO * condition, which requires m had a disability? YES /NO tered as disabled? YES / NO u absent last year from your	* edication? YES / NO ** **	days	
If you have a	answered Yes to any	y of the above questions or have	suffered long absences, please	provide further	details below
ENERAL:					
		e prosecutions pending for criminal	offences? YES / NO **		
2) If appointe	d, when could you sta	irt:			
hank you for				1.0 1 6.1	
ave written, a	completing this form nd check that all sect	 we wish you well with your applications have been completed. 	cation. Before signing it, please rea	id through careful	ly what you

Date:

Signed:



In addition to your application form please answer the following questions.

You are also recommended to provide a covering letter with your application form which provides an opportunity for you to include any other information you feel important for your application.

Question 1: What inspires you in a career in manufacturing engineering?

Question 2: What characteristics make you the best person for an apprenticeship at GW Martin?