

Buttle's F4105 Employment Application

- Position applied for: Branch:
- Where did you hear about the vacancy:

Personal Details

- Mr / Mrs / Ms / Miss (delete as appropriate)
- Surname: Former Surname/s:
- First Name/s: Known as:
- Address:
..... Post Code:
- Telephone No: (please include code) Home: Mobile:
- E-mail address:
- Do you own or rent your home: Own Rent How long have you lived at this address:
- Do you live with relatives: Yes No . If yes, please give details:
- No. of Dependents (including Spouse/Partner/Children):

Emergency Contact:

- Name: Relationship to you:
- Address:
..... Post Code:
- Telephone No: (please include code) Home: Mobile:
- Please state your National Insurance No:

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 Date of Birth:
- Are you legally entitled to work in the UK: Yes No .
- Do you hold a current UK Driving Licence: Yes No

Application for Jobs with Driving Needs Only

- Licence No: Date Licence first issued:
- Group/s covered:
- Do you have any endorsements: Yes No . If yes, please give details:
- Have you been convicted of any driving offences in the last three years, or is there anything that would require notifying to an insurer: Yes No . If yes, please give details:
- In the last three years have you been involved in an accident whilst driving (eg, lorry, car, forklift): Yes No . If yes, please give details:

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Education/Training

Name & Address of School / College/ University	Qualifications & Certificates*	Grade (if any)	Year Taken

*Professional Membership – if your qualification leads to a professional membership please give details:

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- Are you presently in, going to, or thinking about returning to full-time or part-time education: Yes No .

If yes, please give details:

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- Details of any other training/courses undertaken, eg, Sales, Forklift, Open Learning etc:

Dates	Subject	Result

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Previous Employment

(Please list most recent job first)

If supporting your Application with a current CV please ensure you give reasons for leaving and salary details as indicated if not included in your CV.

Name & Full Postal Address of Company	Type of Business	Dates From - To MM/YY – MM/YY	Position
 Tel No:			
Reason for Leaving:			Gross Pay Before Tax:
Name & Full Postal Address of Company	Type of Business	Dates From - To MM/YY – MM/YY	Position
 Tel No:			
Reason for Leaving:			Gross Pay Before Tax:
Name & Full Postal Address of Company	Type of Business	Dates From - To MM/YY – MM/YY	Position
 Tel No:			
Reason for Leaving:			Gross Pay Before Tax:
Name & Full Postal Address of Company	Type of Business	Dates From - To MM/YY – MM/YY	Position
 Tel No:			
Reason for Leaving:			Gross Pay Before Tax:
Name & Full Postal Address of Company	Type of Business	Dates From - To MM/YY – MM/YY	Position
 Tel No:			
Reason for Leaving:			Gross Pay Before Tax:
May we contact any of the above employers? YES / NO - If No, which one/s do you not wish us to approach?			

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Previous Employment (continued)

Please indicate below key tasks and responsibilities in your current/previous positions which you believe to be the most relevant to this application:

Position Held	Key tasks / Responsibilities

- Would you work full time: Yes No : If part time state days/hours:
- Have you previously worked for Buttle's: Yes No . If yes, give details:
- Do you have any friends or relatives employed by Buttle's: Yes No . If yes, give details:
- Have you been convicted of any criminal offences which are not yet spent under Rehabilitation of Offenders Act 1974:
Yes No . If yes, please give details:
- I confirm that I will, on request, apply to the local Police for a listing of any information that may be held on Police computer relating to me. Yes No .
- Period of Notice required by current employer:
- On what date would you be available to start:
- Do you have any holiday commitments: Yes No . If yes, please specify dates:
- Expected starting salary: £ per(month/annum)
- Will this be the Main / Equal / Secondary income for your household? (delete as appropriate)
- If offered this position, do you intend to continue or start working in any other capacity: Yes No . If yes, please explain and give details of any spare time jobs:

General Condition of Health

Please complete the questionnaire below:

- Your Doctor's Name and Address:
- Do you have any disabilities likely to affect your ability to do the job: Yes No . If yes, please give details:
- Are you Registered Disabled: Yes No . If yes, please state Registration Number:

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General Condition of Health (continued)

Do you suffer from or have you previously had: ✓ Yes ✓ No If yes, please give details:

Do you suffer from or have you previously had:	Yes	No	If yes, please give details:
Back Trouble	<input type="checkbox"/>	<input type="checkbox"/>	
Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>	
Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>	
Nerve Trouble	<input type="checkbox"/>	<input type="checkbox"/>	
Any other Condition likely to cause you problems at work:	<input type="checkbox"/>	<input type="checkbox"/>	

Do you take medicine regularly?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you use any unprescribed / illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you regularly consume more than the recommended unit of alcohol daily?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you smoke tobacco or any other substance?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you need glasses to read?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have eye problems using a VDU?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you previously worked in a dusty environment?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you previously worked in a noisy environment?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer from any other recurring ailments?	<input type="checkbox"/>	<input type="checkbox"/>	

How many days absence from work have you had during last 12 months?

State Reason:

DECLARATION:

The facts set forth in this application for employment are, to the best of my knowledge, true and complete. I understand that deliberate omission or mis-statement may lead to summary termination of any employment resulting from this application.

I give permission to communicate with my GP or other Medical Attendant and for any Medical Reports to be passed to Management if necessary.

Signature:

Date:

Note: You may be asked for details, with approximate dates, of any vaccination against contagious diseases.