between the lines Itd

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Form 030 V1.8 06/15

APPLICATION FOR EMPLOYMENT

Tenterden Sevenoaks Petersfield Branch	Godalming Reigate Farnham Branch Branch					
Chichester Horsham Oxted Branch	Haslemere Midhurst Canterbury Head Office Warehouse Branch Branch					
PERSONAL Date:						
Surname	Forenames Like to be called					
Address	Tel					
	I'm over the age of 16 Y/N I'm over the age of 18 Y/N Do you smoke ?					
	Are you legally eligible for employment in the UK?					
Email address						
The Disability Discrimination Act (2005) defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities. Do you consider yourself to have a disability as defined by the Disability Discrimination Act? Yes / No Please indicate the nature of your disability and outline any adjustments to the work place you may need to assist you for the purpose of (a) the interview and (b) the job						
Do you have a current driving licence ? YES/NO Is it clean YES/NO If NO please give details						
Have you ever been convicted of a criminal offence (save for spent convictions for the purposes of the Rehabilitation of Offenders Act 1974)? If yes, please give details.						
<u>EMPLOYMENT</u>						
Position applied for	How did you find out about this vacancy?					
Pay expected £ per hour / annum	If offered this position, when could you start?					
If offered this position, will you continue to work in any other capacity (i.e. other part-time jobs you may already have) and on what days?						

EMPLOYMENT HISTORY

Please list below your previous employers, starting with the most recent / current.

	-			•			
Name & address of employer	from	to	Starting salary	Leaving salary	Name of supervisor		
				Avera	age amount of hours worked per week		
Postcode:	Job title						
Telephone	Describe the work you did / are doing						
Type of business							
If the above address is a Head Office, please state the location of the branch you worked at	Reasons for leaving / intention to leave						
Name & address of employer	from	to	Starting salary	Leaving salary	Name of supervisor		
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Postcode:	Average amount of hours worked per week Job title						
Telephone	Describe the work you did / are doing						
Type of business							
If the above address is a Head Office, please state the location of the branch you worked at	Reasons for leaving / intention to leave						
I hereby give permission to contact the employers listed above concerning my prior work experience. If different please indicate below. To the best of my knowledge and belief the information given in this application form is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal. Signed:							
Diago complete this form	fully av	if	ara intendina t				
Please complete this form fully, even if you are intending to enclose a separate CV with this application. Due to the number of enquiries we receive we are only able to contact successful applicants. We appreciate your understanding.							
Please describe your long-term am we should know in support of your a				e Lines Ltd or othe	erwise. Also, if there is anything else		

After completion please return this form to our Head Office in Chichester. Thank you