



# MITCHELL'S OF LANCASTER

## APPLICATION FOR EMPLOYMENT

**PRIVATE & CONFIDENTIAL:**

Please return this form direct to the unit you are applying to for employment.

Position Applied For: \_\_\_\_\_ Ref: \_\_\_\_\_

Unit: \_\_\_\_\_

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Current Clean Driving Licence: Yes / No      Details of any Endorsements: \_\_\_\_\_

### EDUCATION HISTORY & TRAINING

Schools Attended <i>(including start and end dates)</i>	Qualifications Obtained* <i>(including awarding body, grades and dates)</i>
Colleges/Universities <i>(including start and end dates)</i>	Qualifications Obtained* <i>(including awarding body, grades and dates)</i>
Other Training <i>(e.g. including short courses and on the job training - including start and end dates)</i>	
Current Courses & Training <i>(if any - and the date you expect to complete it)</i>	

\* Certificates may be required



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### WORK EXPERIENCE

In date order, most recent first, with no gaps unaccounted for. Continue on a separate sheet if necessary

Name & Address of Employer	Job Title & Brief Description of Duties	Dates From - To	Reason for Leaving & Start/Finish Salary
<i>Current/Last Employer</i>			

Notice Required in Current Post: \_\_\_\_\_

### REFERENCES

Please write here the names, addresses and telephone numbers of two persons from whom we may obtain both character and work experience references. Please note we will not contact the below referees unless your application has been successful.

Reference 1	Reference 2
Name:	Name:
Contact Telephone:	Contact Telephone:
Address:	Address:
Postcode:	Postcode:



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### OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

### INTERESTS & HOBBIES

Please note here your leisure interests, sports, hobbies and any other past times you enjoy.

### GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and any other achievements and information to support your application. Continue on a separate sheet if necessary.



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### APPLICANTS WITH DISABILITIES

The Disability Discrimination Act 1995 defines a disabled person as 'An individual who has a long term physical or mental impairment which has substantial adverse effect on their ability to carry out the days activities'.

Do you consider your self to be disabled under the Disability Discrimination Act?      Yes / No

### GENERAL HEALTH

Please list any diseases, disorders or allergies, muscular skeletal injuries from which you have suffered or do suffer

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving

Please list all absences for work in the past 12 months and the reasons for such absences

### CRIMINAL RECORD

Please give details of any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974

### DECLARATION

- 1.) I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contact offered.
- 2.) I agree that the organisation reserves the right to require me to undergo a medical examination (*Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain permission prior to contacting your doctor.*)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_