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Position Applied for:		Location:	
Where did you see this post adverti	ed?		

Personal Details	
Surname	Title
	Mr, Mrs, Ms etc
Forename(s):	
Address:	Tel No (Home):
	Tel No (Work):
	Mobile:
Postcode:	E-mail:

Other Details			
Are you legally entitled to work in the UK?	Do you hold a full current driver's licence valid in the UK?		
Yes 🗌 No 🗆	Yes No		
Do you require a work permit to work in the UK?	Do you hold a current forklift licence?		
Yes 🗌 No 🗌	Yes No		
If yes, do you have a work permit?			
Yes 🗌 No 🗌			
Have you ever been convicted of any criminal Offences which are not yet spent under the Rehabilitation of Offenders Act 1974?	Would you require any reasonable adjustment to be made to allow your attendance at interview?		
Yes No	Yes No		
If yes, please provide details in a sealed envelope marked Strictly Confidential Note: Ex-offenders will be considered on an individual basis and the nature of their offence will be taken into account in the recruitment decision.	If yes, please provide details regarding adjustment requirements:		

General and further education (including professional qualifications)

Dates		Name of School, University, College or Other			
From	То	Institution	Subject	Level	Result

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Da	ate	Employer's Name,			
From	То	Address & nature of business	Job Title & Salary	Brief description of Duties	Reason for Leaving

Please nominate two referees, one of which should be your present or most recent employers				
Please tick here if referee should not be contacted before the	Please tick here if referee should not be contacted before			
interview without prior approval	the interview without prior approval $\hfill \square$			

Name:	Name:	
Address:	Address:	
Tel No:	Tel No:	
Job Title:	Job Title:	

Supporting Evidence

Please detail any additional information you wish in support of your application including your suitability for the post, your main achievements to date and any knowledge, skills and experience you feel is relevant to the post applied for.

Hobbies and Interest Please give details of any hobbies/interests that you have

Emergency Contact Please provide details of the person(s) to contact in case on an emergency				
Contact 1 Contact 2				
Name:		Name:		
Daytime Tel. No.:		Daytime Tel. No.:		
Relationship:		Relationship:		

Declaration

The details on this application form are correct to the best of my knowledge. If I am subsequently engaged by The Springfield Group, I accept that I am liable to instant dismissal, if there has been any falsification of information contained herein. I also understand that any offer of employment is subject to satisfactory references being obtained.

Signature:	Date:	

Please return completed application form to the email address noted on the job advert you wish to apply for.

