

APPLICATION FOR EMPLOYMENT

Please return to: Prime Group, Unit 2, Ansec Business Park, Burma Road, Blidworth, Nottinghamshire NG21 0RT

Position applied for

Where did you see this position advertised?

If you have a prepared curriculum vitae you may enclose it with this form, and do not need to repeat any information contained in it. Please make sure, though, that all the information asked for is supplied.

A Personal details (Delete where applicable)

Surname

Title: Mr/Mrs/Miss/Ms

First names

Address

Postcode

(if less than 3 years at this address please give details of all addresses within last 3 years in section D)

Date of birth

Age

Telephone No(s): Home (inc STD)

Business (inc STD)

No calls will be made to this number without your prior permission.

Email Address

B Education details (from Secondary level only)

Secondary education

Name & address of school attended

Dates of attendance

Qualifications obtained
(Please give dates and grades)

Further education

Name & address of college/
university attended

Dates of attendance

Qualifications obtained
(Please give dates and grades)

Professional qualifications
(Type, method of study, dates
and grades obtained)

Are you currently studying for any qualifications?

No

Yes

If yes please give details

C Employment record

Present employer's name and address Postcode

Type of business Present position

Present duties

Date of joining Holiday Entitlement Present salary Hours of work

Previous positions with this employer

Pension scheme No Yes Your contribution rate %

Details of any other employee benefits that you receive

How much notice is required to terminate your employment?

Reasons for leaving

Previous employment record (Most recent first)

Employer's name, address and business	Dates employed From To	Position(s) held	Duties in this position	Reasons for leaving
1.		Annual salary £ <input type="text"/>		
2.		Annual salary £ <input type="text"/>		
3.		Annual salary £ <input type="text"/>		
4.		Annual salary £ <input type="text"/>		

(Please continue on a separate sheet if necessary)

D Further information

Please set out any further details you may wish to add in support of your application, including your reasons for applying (continue on a separate sheet if necessary).

E Hobbies and leisure interests

Please list your hobbies, interests and social activities, giving the names of any clubs or organisations to which you belong.

F Legislative requirements

Have you ever been convicted of a criminal offence (other than one which under the Rehabilitation of Offenders Act 1974, is now "spent")?

No

Yes

If Yes, please give details

Have you ever had a County Court Judgement registered against you?

No

Yes

If Yes, please give details

G Driving experience

Do you hold a current full driving licence?

Yes

No

Please give details of any endorsements

Do you possess your own car?

Yes

No

H Interview availability

Are you able to attend for interview at any time during working hours?
(Subject to 7 days notice)

Yes

No

If no, please state days and times most convenient to you.

1st choice

2nd choice

I References

Please give details of 3 referees. One referee should be your current employer, and you should also give a referee from your most recent employer if you left within the last three years. Give job titles for employment referees. Referees must not be related to you in any way. Referees will not be approached without your consent.

Referee 1

Name and job title

Address

Type of business/occupation

Referee 2

Name and job title

Address

Type of business/occupation

Referee 3

Name and job title

Address

Type of business/occupation

I certify that the information given in this form is true in all respects, and that it can form the basis of any employment I accept with Prime Print Group Limited or its subsidiaries. I agree to the information being placed on my personal record, to be treated in the strictest confidence.

In connection with this application Prime Print Group Limited may carry out a search with Experian, a licensed credit reference agency, and may also ask Experian to check all or any of the application details (including details of higher education qualifications) which I have submitted. I hereby expressly consent to Experian carrying out and retaining a record of any such search or check.

Signed

Date

FOR INTERNAL USE ONLY

First interview?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Second interview?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Offer of employment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Offer accepted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

Data Protection Notice

All information disclosed will be treated in the strictest confidence, and will be used only for the purposes detailed in the Data Protection Act 1998.

Certain information is requested prior to your commencing employment with our company. In order to ensure that you are able to carry out the requirements of the job, ensure your personal safety and to meet statutory obligations imposed by the relevant Health and Safety regulations. The information is also required to establish if we may need to make any reasonable adjustments to assist you in performing the work, in accordance with the requirements of the Disability Discrimination Act 1995.

Your Doctor will not be contacted without your prior written consent to do so.

Name Date of Birth / /

Medical History

Have you ever suffered from any of the following ailments in the past, please give details where appropriate?

	YES	NO
• Circulatory problems such as varicose veins, phlebitis or thrombosis.	<input type="checkbox"/>	<input type="checkbox"/>
• Heart problems, angina, hypertension, or heart attack or stroke.	<input type="checkbox"/>	<input type="checkbox"/>
• Respiratory problems such as asthma or severe bronchitis.	<input type="checkbox"/>	<input type="checkbox"/>
• Diabetes.	<input type="checkbox"/>	<input type="checkbox"/>
• Epilepsy or fainting attacks.	<input type="checkbox"/>	<input type="checkbox"/>
• Skin disorders.	<input type="checkbox"/>	<input type="checkbox"/>
• Recent operations or bone fractures.	<input type="checkbox"/>	<input type="checkbox"/>
• Back trouble, arthritis or rheumatism.	<input type="checkbox"/>	<input type="checkbox"/>
• Injuries to bones, joint tendons, including wrist tendons.	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Have you suffered from any other significant health problems including eyes, hearing skin etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever made a claim for an Industrial Disease or Injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools?	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____ / _____ / _____