

**WESTBOURNE MOTORS**

**APPLICATION FOR EMPLOYMENT**

**POSITION APPLIED FOR:** .....

**PERSONAL DETAILS:-**

SURNAME..... FULL FORENAMES.....

HOME ADDRESS .....

.....

POST CODE..... NATIONALITY.....

HOME TELEPHONE NUMBER .....MOBILE.....

PERSONAL STATUS Single / Married / Separated / Divorced / Widowed

NUMBER OF DEPENDANTS NUMBER OF CHILDREN

NATIONAL INSURANCE NUMBER .....

ARE YOU A SMOKER? Yes / No HEIGHT..... WEIGHT.....

DO YOU OWN A CAR? Yes / No DO YOU HOLD A CURRENT DRIVING LICENCE? Yes / No

**DOES YOUR DRIVING LICENCE ENTITLE YOU TO DRIVE:**

UP TO 3500 KG
UP TO 7500 KG
HGV (PLEASE STATE ENTITLEMENT) .....

PLEASE GIVE DETAILS OF ANY ENDORSEMENTS WHICH APPEAR, OR HAVE APPEARED ON YOUR DRIVING LICENCE IN THE PAST FIVE YEARS.

.....

HAVE YOU BEEN INVOLVED IN A ROAD TRAFFIC ACCIDENT IN THE PAST FIVE YEARS Yes / No

IF YES TO ABOVE PLEASE GIVE BRIEF DETAILS

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PLEASE DISCLOSE DETAILS OF ANY CRIMINAL CONVICTIONS, INCLUDING MOTORING OFFENCES WHICH ARE NOT SPENT UNDER THE REHABILITATION OF OFFENDERS ACT 1974.

(Continued overleaf)

HAVE YOU ANY HEALTH CONDITION OR DISABILITY WHICH MAY AFFECT YOUR ABILITY TO CARRY OUT THE EMPLOYMENT FOR WHICH YOU ARE APPLYING?

Yes / No

IF YES TO ABOVE PLEASE GIVE DETAILS

**EMPLOYMENT HISTORY**

YOUR CURRENT EMPLOYER

Name: .....

Address: .....

YOUR TYPE OF WORK

DATE STARTED .....

PRESENT PAY .....

PLEASE GIVE DETAILS BELOW OF YOUR PREVIOUS EMPLOYMENT STARTING WITH THE MOST RECENT.

Date	From .....	To.....
Employer .....	Type of Business .....	
Address .....		
.....		
.....		
Your Job .....		
Reason For Leaving .....		
.....		
Date	From .....	To.....
Employer .....	Type of Business .....	
Address .....		
.....		
.....		
Your Job .....		
Reason For Leaving .....		
.....		

**REFERENCES**

WE REQUIRE TWO REFERENCES. MAY WE CONTACT ANY OF THE ABOVE EMPLOYERS?

Yes / No

IF NO TO ABOVE, WHICH EMPLOYERS DO YOU NOT WISH US TO CONTACT?

IF PREVIOUS EMPLOYERS ARE NOT NOMINATED AS REFEREES PLEASE INDICATE BELOW THE FULL NAME AND ADDRESS OF PERSONS WHO KNOW YOU WELL, AND ARE PREPARED TO PROVIDE A REFERENCE FOR YOU.

NAME .....	NAME .....
ADDRESS .....	ADDRESS .....
.....	.....
.....	.....
POST CODE .....	POST CODE .....

**EDUCATION AND TRAINING**

SCHOOLS	FROM	To	EXAMS / RESULTS
FURTHER EDUCATION	FROM	To	COURSES AND RESULTS
MANUFACTURERS AND SPECIALIST TRAINING	FROM	To	SUBJECT COVERED

HAVE YOU ANY OTHER QUALIFICATIONS, SPECIAL SKILLS OR EXPERIENCE INCLUDING WORK FOR FRANCHISED MOTOR DEALERSHIPS THAT YOU FEEL WE SHOULD CONSIDER?

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.....  
.....  
.....  
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HAVE YOU A PERSONAL TOOL KIT? Yes / No / Not Applicable

DO YOU HOLD A CURRENT MOT TESTING LICENSE? Yes / No / Not Applicable

**YOUR EXPECTATIONS**

EXPECTED WEEKLY PAY .....

DO YOU WISH TO WORK Full Time / Part Time

IF PART TIME SPECIFY PREFERRED:- Days .....

Hours .....

IF APPOINTED, WHEN CAN YOU START WORK? .....

DO YOU OBJECT TO WORKING AT NIGHT OR AT WEEKENDS? Yes / No

IF YES TO ABOVE STATE WHEN YOU DO NOT WISH TO WORK? .....

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**DECLARATION**

**I declare that all of the facts I have disclosed on this Application Form seeking employment with Westbourne Motors are, to the best of my knowledge, true and complete.**

Signature ..... Date .....

Print Name in Capital Letters .....

