



Unit E, Wheel Forge Way,
Trafford Park, Manchester,
M17 1EH
Tel:0161 877 4747
Fax: 0161 877 4746

Application Form

Position Applied For:
Salary Expectation:
For part time positions, state days/hours:

Are you a previous employee of this company	Yes/No
Have you applied for a position with this company previously	Yes/No
How much notice would be required to give your current employer	

Personal Information

Forenames:	Title:	Surname:
Address:	Home Tel:	
	Mobile:	
	DOB:	
Postcode:		
Email:	Nationality:	
Marital Status:	No of Dependents:	
Do you possess a current driving licence		Yes/No
Is it clean?		Yes/No
Please provide details if no:		

Are you in good health? Yes/No	Do you Smoke? Yes/No
Provide details of any allergies, serious illnesses or operations within the last ten years:	
If requested, would you be prepared to undergo a medical examination? Yes/No	

Have you ever been convicted of a criminal offence (other than spent conviction under the Rehabilitation of Offenders Act 1974) Please give details if yes:	Yes/No
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Education

Further Education/Formal Training	From	To	Courses and Results

Higher Education	From	To	Courses and Results

School Education	From	To	Examination and Results

Professional membership or qualifications:

Please provide details of languages spoken/written (other than English):

Please provide details on skills and experience gained through previous job positions, work activities and interests that would be relevant to this job application.

What most attracts you to this particular position ?

Employment History

Begin with the Most Recent – continue on separate sheets if necessary

Name/Address of Employer:	Tel No:
Name of Line Manager:	Salary Details:
Job Title:	From: To:
Describe your work:	
Reason for leaving:	

Name/Address of Employer:	Tel No:
Name of Line Manager:	Salary Details:
Job Title:	From: To:
Describe your work:	
Reason for leaving:	

Name/Address of Employer:	Tel No:
Name of Line Manager:	Salary Details:
Job Title:	From: To:
Describe your work:	
Reason for leaving:	

References

Please provide details of two referees (not relatives or friends):	
Name:	Name:
Relationship to above:	Relationship to above:
Occupation:	Occupation:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:

Declaration

I confirm that all information in this application is correct.
I understand that any false information or deliberate omissions may exclude me from employment or render me liable to dismissal

Signed:

Date:

Globus (Shetland) Ltd is an equal opportunities employer that welcomes applications from all suitably qualified individuals irrespective of religion, race, gender, age, marital status, sexual orientation or disability.

If you wish to send a CV with this application form it will be reviewed and considered along with any information contained here.

Office Use:

Applicants:

Interview Yes/No

Interviewer:

1st Interview by:

Date:

2nd Interview by:

Date:

Notes: