



SERVICES GROUP LTD

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APPLICATION FORM

Position Applied For _____

Personal Details

Title Mr/Mrs/Miss/Ms Full Name _____
Address _____
Post Code _____
Tel No: Home _____ Work _____ Mobile _____
NI Number _____ Work Permit No: (if appl) _____

Current state of health (Please include details of any medical condition likely to affect your work).

Do you own a car? Yes No Do you have a current, clean driving licence? Yes No
? ? ? ? ?

Please give details of any current or previous driving offences and dates

EMPLOYMENT BACKGROUND

Name and Address of Present Employer _____

Post Code: _____

Position: _____ Date Appointed: _____

Please describe your present job and the duties you undertake:

May we contact your present employer? Yes? No?

PREVIOUS EMPLOYMENT

Name and Address of Previous Employer: _____

Post Code: _____

Reason for leaving: _____ Dates Employed: _____

CRIMINAL RECORD

Do you have a criminal record Yes ? No?

If yes, please detail, and date, any criminal convictions _____

We reserve the right to ask you to seek a 'basic disclosure' from the Criminal Records Bureau, the result of which may affect your employment with us.

REFERENCES

Please give the names and addresses of two people who have known you well for at least three years EXCLUDING relations who will be willing to respond to a reference enquiry about your character

Name _____ Name _____

Capacity in which known (i.e. friend or employer) Capacity in which known (i.e. friend or employer)

Address _____ Address _____

Tel No _____ Tel No _____

SKILLS/ACHIEVEMENTS/TRAINING (Please continue on a separate sheet if necessary)

HOBBIES AND INTERESTS

NEXT OF KIN

Please give the name and telephone number of your next of kin, or person to be contacted in case of emergency.

Name _____ Tel No. _____

Relationship (i.e. Father, Husband) _____

Are you related to anyone who already works for Interact: Yes ? No ?

If yes please give name _____ and relationship _____

DATA PROTECTION ACT 1998

This information will be treated in the strictest confidence and will only be used to compile and maintain personnel records. The signing of this application form indicates consent for the data to be used for this purpose.

STATEMENT

I confirm that the information given by me in this Application Form is true and understand that incorrect statements could result in the termination of my employment should I subsequently be employed as a result of submitting this application. I understand that any offer of employment may be subject to the receipt of satisfactory references, a trial period and medical examination.

Signed: _____ Date: _____