

Application Form

Position: _____
Unit 1, Metro Business Centre, Lower Sydenham SE26 5BW
Email: tony@ctsgroup.co.uk



Personal Details

Full Name:

Address:

Postcode:

Tel (home):

Tel (work):

Tel (mobile):

NI Number:

Work Permit No:
(If applicable)

Current state of health:
(Include any 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

Skills/Achievements/Training:

Hobbies and Interests:

Current Employer

Name of Present Employer:

Address:

Postcode:

Your Position:

Date Appointed:

Please describe your present job and the duties you undertake:

May we contact your present employer?

YES

NO

Criminal Record

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.

Do you have a criminal record?

YES

NO

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

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:

Phone:

Phone:

Next of Kin

Please give the details of your next of kin, or person to be contacted in case of an emergency.

Name:

Phone:

Relationship to You (e.g., Father, husband):

Data Protection

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 indicated consent for the data to be used for this purpose. You can find our Privacy Policy at <https://www.ctsgroup.co.uk/privacy>.

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: _____

(Rev: June 2023)