JOHN C. BROW Ltd.,
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VACANCY APPLICATION FORM

We are an Equal Opportunities employer and we welcome applicants regardless of religious belief, political opinion, race (including colour, nationality, and ethnic or national origin), sex, marital status or disability.

Position applied for: _____

Date: _____ FEC Reference No: _____

Surname: _____ (Mr/Mrs/Miss/Ms)

Forenames: _____

Address: _____

_____

Postcode _____

Telephone No: _____

Mobile: _____

Date of Birth: _____

Country of Birth _____

Do you hold a current driving licence? Yes ☐ No ☐

Are you a car owner or do you have use of a car? Yes ☐ No ☐

What notice are you required to give your present employer? _____

EDUCATION – Relevant Qualifications/Attainments

Please include any vocational qualifications such as NVQ's, forklift certificates, professional qualifications and memberships etc.

Dates From/To	School/College	Subject Taken	Results/Grades

Verification of qualifications may be sought by the employer.

EMPLOYMENT HISTORY

Please start with your present or last employment and include all voluntary work, showing all periods of employment & unemployment.*

From/To	Name and address of employer	Position held and brief description of duties	Reason for leaving

* use additional paper if required

Do you have any objection to contact being made with your present or last employer Yes ☐ No ☐

MEDICAL / ACCIDENT HISTORY

Please give details of any illness, operation or accident resulting in absence from work.

Have you received treatment for any medical condition within the last five years? Yes ☐ No ☐

If yes please give details _____

_____

Are you currently on any medication? Yes ☐ No ☐

If yes please give details _____

_____

INDUSTRIAL INJURY REVIEW

To ensure that J C Brow Ltd do not engage people to work in functions that are inappropriate in terms of prior injuries received at work it is vital that we are aware of all injuries that have occurred in prior employment.

Employer	From - To	Type of Injury	Date of Injury	Lost work time – days/weeks	Comments

Are you currently engaged in litigation with any previous employer in respect of injury received at work? Yes ☐ No ☐

If yes please give details _____

_____

Warning: Failure to disclose previous injury will invalidate any employment offer and could effect the terms of our third party liability insurance with respect to any injury that you may subsequently suffer whilst in our employment.

I confirm that this is a true account of all injuries received in previous employments and am fully aware of the implications of failure to disclose.

Signed _____Dated_____

Counter Signed _____Dated_____

Have you ever been convicted of, or are you currently facing charges for any civil or criminal offences? Yes ☐ No ☐

If yes please give details _____

_____

In your previous employment did you ever have disciplinary action taken against you? Yes ☐ No ☐

If yes please give details _____

_____

Are you registered disabled? Yes ☐ No ☐

Do you have a disability which presents special needs at the selection interview? Yes ☐ No ☐

If yes, please give details of how we can help you _____

_____

HOBBIES AND INTERESTS – Please give details

OTHER INFORMATION Please list below any other information you feel may support your application. (For example any relevant experience or training courses you have attended etc.)

REFERENCES

Please provide the names, address and telephone numbers of at least 2 references whom we may contact.

DECLARATION

I declare that all the information I have given is correct. Should any information be found to be incorrect either now or at a later date, then the Company reserves the right to terminate your employment without notice.

Signed _____ Date _____