

| SURNAME: | | FORENAME(S): | | POSITION APPLIED FOR: |
|--|------------------|--------------------|--------------------------|---|
| | | | | |
| HOME ADDRESS: | | | | |
| | | | | |
| POSTCODE: | | | DATE OF BIRTH: | |
| TEL. NO. (HOME): | | | TEL. NO. (Mobile): | |
| | | | | |
| Academic Examir | nation results a | nd other qualifica | ations | |
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| | | | | |
| EMPLOYMENT | Name of Empl | oyer | Job Title/Main Duties | Date Employed: |
| Present | Name of Empl | oyer | | Date Employed: From: |
| | Name of Empl | oyer | | |
| Present Employer/or | Name of Empl | oyer | | From: |
| Present Employer/or Last Employer | | oyer | Duties Salary sought | From: To: |
| Present Employer/or Last Employer Present Salary Reason for leaving Previous | | oyer | Duties Salary sought | From: To: |
| Present Employer/or Last Employer Present Salary Reason for leaving | £ | oyer | Duties Salary sought | From: To: £ |
| Present Employer/or Last Employer Present Salary Reason for leaving Previous | £ | oyer | Duties Salary sought | From: To: £ From: |
| Present Employer/or Last Employer Present Salary Reason for leaving Previous | f 1 | oyer | Duties Salary sought | From: To: £ From: To: |
| Present Employer/or Last Employer Present Salary Reason for leaving Previous | f 1 | oyer | Duties Salary sought | From: To: £ From: To: From: To: From: |



HEALTH -

Please give details of any medical / prescribed treatment / over the counter medication you are currently receiving:

State main cause of past ill-health which has resulted in time off work:

The company reserves the right to ask you to undergo a medical examination.

Do you hold a current clean driving licence?

If no - how many points do you have and for what reason?

| Have you been convicted of a criminal offence which | is not spent? (Ref. Re | ehabilitation of Cr | iminals Act |
|---|------------------------|---------------------|-------------|
| 1974) | | | |

When would you be available for an interview?

If offered the position, when could you start?

| Do you have any holiday commitments? | YES / NO | From: |
|---|----------|-------|
| | | То: |

Any additional comments for interviewing staff: hobbies, relevant skills, connections with Cameron Balloons etc.

REFERENCES: Name & Addresses of 2 referees.

Note: References will be contacted.



| 1) (Experie | nce) | Tel. No.: |
|---|---|---|
| 2) (Characte | er) | Tel. No.: |
| I confirm th grounds for discussed a Signature | cancelling agreements made. I also underst t interviews arising from this application. | erstand that misleading statements can be sufficient and that questions left unanswered may be |
| FOR OFFICIAL L | | |
| - | s) | |

| Hours |
|---------|
| offered |
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| PAY |
| OFFERED |
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