

**POSITION**

**SUBSIDIARY COMPANY**

# JOSEPH PARR GROUP LIMITED

PARR BUILDING CENTRE, DUNNINGS BRIDGE ROAD, BOOTLE, MERSEYSIDE, L30 6UU  
TEL: 0151-523 4343 FAX: 0151-525 2652

## APPLICATION FOR EMPLOYMENT FORM CONFIDENTIAL

**Please use block capitals throughout**

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Address \_\_\_\_\_  
Postcode \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ Nationality \_\_\_\_\_  
Private Business

Date of Birth (Optional) \_\_\_\_\_ Marital Status \_\_\_\_\_

Number of Dependants \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages - Male \_\_\_\_\_ Female \_\_\_\_\_

Do you own a car? YES/NO. Current driving licence? YES/NO. Class of Licence \_\_\_\_\_

Any Endorsements? YES/NO. If YES give details: \_\_\_\_\_

Do you have any criminal convictions? YES/NO If YES, give details \_\_\_\_\_

Do you consider that you have a disability? YES/NO Which is defined as any physical or mental impairment which has a substantial and long-term adverse effect upon your ability to carry out normal day-to-day activities. If you do not advise us now, we cannot make adjustments to assist you.

If YES, give details \_\_\_\_\_

How many sick days have you had in the last two years? \_\_\_\_\_

Are you a member of a Trade Union? YES/NO If yes, give details \_\_\_\_\_

### INTERESTS

Please give brief details of pastimes, hobbies, sports, including any positions of responsibility held.

**EDUCATION**

Schools	from	to	Examinations and results
College/University	from	to	Courses and results
Further education and formal training	from	to	Courses and results
Professional membership and qualifications including Licences held. i.e. counterbalance etc			

**EMPLOYMENT**

Would you work; full time YES/NO. Part-time? YES/NO

Have you previously worked for us? YES/NO. If YES, when? \_\_\_\_\_

Have you any relatives working for us? YES/NO. If YES, please give names and relationship  
\_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

**REFERENCES**

Please give details of two people (not relatives) who can provide comment on your ability to do the job on offer. We would prefer previous Managers or Supervisors with direct knowledge of you.

Name _____	Name _____
Occupation _____	Occupation _____
Address _____	Address _____
_____	_____
_____	_____
Telephone _____	Telephone _____

**EMPLOYMENT HISTORY**

State present or most recent employment first

Employer's name and address

Job Title and Description of duties

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Nature of Business

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Date Joined

Date Left

Salary

Reason for Leaving

---

Employer's name and address

Job Title and Description of duties

---

Nature of Business

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