

JOB APPLICATION FORM

Print clearly in black or blue ink. Answer all the questions. Sign and date the form and send it, along with your CV to Box End Park, Box End Road, Kempston, Beds, MK43 8RQ or send to corner5@boxendpark.com.

PERSONAL INFORMATION:	
First Name:	Surname:
Address:	
Contact numbers Home: Mobile:	
Are you eligible to work in the UK?	() Y or () N
Are you over 18?	() Y or () N
Do you have a criminal record?	() Y or () N
If 'Yes' to the above, please give details.	
Are there any restrictions to your residence in the UK which might affect your right to take up Employment in the UK? <i>If you are not a British Citizen or a Citizen of another country in the European Economic Area, you will require a work permit.</i>	() Y or () N
Do you need a work permit?	() Y or () N
Do you hold a work permit? If you hold a work permit, on what date does it expire?	() Y or () N
POSITION/AVAILABILITY:	
Position applied for:	
What type of work are you looking for: Regular full-time work? Regular part time-time work? Temporary work – such as summer or holiday work?	() Y or () N () Y or () N () Y or () N
Days/Hours Available (from/to) Monday Tuesday Wednesday Thursday	Friday Saturday Sunday
Are you available to work evenings?	() Y or () N
What date are you available to start work?	
Have you ever applied to work for Box End Park before?	() Y or () N
If yes, please explain (include date):	

Why are you particularly suited to this position?	
Why do you want to work at Box End Park?	
Do you have any friends, relatives or acquaintances working for Box End PArk? () Y or () N	
If yes, state name and relationship:	
EDUCATION:	
Name and address of School – Degree/Diploma – Graduation date	
Skills and Qualifications: Licenses, Skills, Training, Awards	
EMPLOYMENT HISTORY:	
Present or Last Position If less than 12 months please give details of previous position.	
Employer:	
Address:	
Phone:	Email:
Position Title:	Salary:
From:	To:
Responsibilities:	
Reason for Leaving:	
Number of days off sick in the last 12 months:	
May we contact your present employer?	() Y or () N
REFERENCES:	
Name/Title:	Phone (Daytime):
Address:	

Declaration

I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information will disqualify me from appointment OR, may result in my dismissal.

Signature: _____

Date: _____