



*GBA Group of Companies*

# APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL  
PLEASE COMPLETE IN BLOCK CAPITALS

Position applied for

How did you hear of this vacancy? (Include date)

## A PERSONAL PARTICULARS

Full Name: Mr/Ms/Mrs/Miss

Address:

Telephone Number:  
(Including STD Code)

Mobile:

Business:

(Tick box if you do not  
want to be contacted at work)

Do you need a work permit to take  
up Employment in the UK?

Yes

No

N.I. Number:

Detail:

PLEASE RETURN THE COMPLETED FORM TO:

THE HUMAN RESOURCES DEPARTMENT  
THE GBA GROUP OF COMPANIES  
MERIDIAN HOUSE, ALEXANDRA DOCK NORTH,  
GRIMSBY, NORTH EAST LINCOLNSHIRE, DN31 3UA.

**B EDUCATION AND QUALIFICATIONS**

Please give details of examinations attempted and results (including any examinations failed).

Name(s) and Address(es) of Schools(s)/College(s)	Dates From - To	Subject/Courses Studied & Level	Examination Result/Grade (include any examinations failed)

**FURTHER AND HIGHER EDUCATION:** Please give details of all further and higher education since leaving school including training courses and details of qualifications.

University/College/Institute Attended)	Dates From - To	Subject/Courses Studied & Level	Examination Result/Grade (include any examinations failed)

**PROFESSIONAL ASSOCIATIONS:** Please state whether you are a member of any technical or professional association, and if so, which:

**FOREIGN LANGUAGES:** Please list any foreign languages you speak and your level of competence both oral and written:

**C EMPLOYMENT HISTORY**

Please list in reverse order all the organisations for which you have worked during the last 20 years:

Name(s) and Address(es) of Employer(s)	Dates From - To	Position Held Main Duties	Starting/ Leaving Salary	Reason for Leaving

PLEASE GIVE DETAILS OF ANY EXPERIENCE, SKILL OR ACHIEVEMENTS WHICH YOU FEEL MAY BE RELEVANT IN YOUR APPLICATION FOR EMPLOYMENT.  
(Continue on separate sheet if necessary)

**D HEALTH**

Are you in good health? Yes  No

If no, please give further information:

Have you ever suffered from any serious illness or had any major operations? Yes  No

If yes, please give further information:

Are you prepared to undergo a medical examination prior to your employment? Yes  No

**E SUPPLEMENTARY INFORMATION**

Please give dates of any holidays arranged:

Are you subject to any restraints in your current or future employment? Yes  No

If yes, please give further information:

Do you have any commitments that might limit your working hours? Yes  No

If yes, please give details:

Are you willing to work additional hours and weekends when required? Yes  No

Have you ever been convicted of a criminal offence: (which is not a spent conviction under the Rehabilitation of Offenders Legislation)? Yes  No

If yes, please give further information:

Salary Range Expected:

How much notice are you required to give to leave your present employment?

Do you have a current full driving licence? Yes  No

Does your licence have any current endorsements? Yes  No

If yes, please give further information:

**F REFERENCES**

PLEASE GIVE THE NAMES AND ADDRESSES OF TWO REFEREES WHO ARE NOT RELATED TO YOU, WHO WE CAN APPROACH FOR A CONFIDENTIAL ASSESSMENT OF YOUR SUITABILITY FOR THIS JOB (One of these must normally be a previous employer).

Can we approach your present/most recent employer? Yes  No

Name, Position, Address and Telephone Number

Name, Position, Address and Telephone Number

(Tick box if you do not wish your employer to be contacted before an offer of employment is made).

**DECLARATION OF APPLICANT**

I confirm that the above information is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

To ensure compliance with the Data Protection Act 1998, the information given on this application form may be used for personnel processing by the Company.

Signed

Dated