

Application Form

PLEASE COMPLETE THIS FORM CLEARLY AND IN FULL

PERSONAL DETAILS

Title	Surname	Forename(s)

Home Address

Postcode:

Telephone Numbers (please include full STD code)

Home:

Work:

Mobile:

N.I Number:

Do you require a work permit to work in the UK? (please circle)

If Yes, Do you have one? (please circle)

Yes/ No

Yes/ No

Licence Details

Driving Licence Number: Expiry Date: Date Acquired:

Classification Types: Are convictions pending? Yes/No

Has either your PCV or Car license ever been revoked or suspended? Yes/No

If Yes, give details

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offender's Act 1974? (Please circle; If Yes please give details)

NB: This post may be subject to clearance by the Criminal Records Bureau.

Yes/No

EQUAL OPPORTUNITIES MONITORING

Maytree Travel Ltd is committed to ensuring that there is no discrimination on the grounds of race, sex, age, disability, sexual orientation or marital status, either in access to employment or in employment practices.

To help us monitor the effectiveness of our Equal Opportunities Policy, please complete the appropriate details below. Your co-operation will greatly help us to promote equality of opportunity. This information will be used for monitoring purposes only and will be treated as strictly confidential.

Gender:

Date of Birth:

Nationality:

Marital Status:

Ethnic Group (please tick)

- White British
- White Other (please specify)

- Black British
- Black Caribbean
- Black African
- Black Other (please specify)

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Ethnic Group (please describe)

- Prefer not to say

Religion (please tick)

- Christian (including all Denominations)
- Buddhist
- Hindu
- Jewish
- Muslim

- Sikh
- No Religion
- Other (please specify)

- Prefer not to say

Do you have a disability?

- Yes No

Please specify if you have any additional requirements that would enable you to attend an interview

HEALTH DETAILS

Are you registered disabled? YES / NO If YES, registration number:

Doctor's name and address:

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Please List any diseases, disorders or allergies from which you have suffered or do suffer:

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Have you had any operation or illness in the last five years? YES / NO - Please give details

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Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

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Please list all absences from work in the last 2 years and the reason for such absences.

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REFERENCES

Please give details of two referees, one of whom should be your current or most recent employer. If you have been in your present employment for less than 18 months, please also provide details of your previous employer.

NB: References will only be sought when an offer of employment has been made.

Name:	Name:
Position:	Position:
Company & Address:	Company & Address:
Tel. No:	Tel. No:

DECLARATION

I state that the information I have provided in this application form is true and correct to the best of my knowledge. I understand that any incorrect information may result in the refusal or termination of my employment.

Signature: _____

Date: _____

Thank you for completing this form.

For Office use only:

Assessment drive completed? Comments on drive.....

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Completed by:

Further information:

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Employment Offered Y/N Reason if No

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