

APPLICATION FOR EMPLOYMENT

Please read and complete this form in full and return to the Personnel Department at the following address: W.J.Aldiss Ltd, Old Lane, Fakenham, Norfolk, NR21 8AF or alternatively by email to careers@aldiss.com

FULL/PART TIME (DELETE AS APPROPRIATE)			
POSITION APPLIED FOR:			
PERSONAL DETAILS			
TITLE:	SURNAME:	FORENAME:	
ADDRESS:			
ADDKESS:			
TELEPHONE NO.:			
	duissing liganage	*VEC/NO	
Do you have a full of		*YES/NO	
If yes, when did you pass your driving test?			
Do you have your own transport?		*YES/NO	
Do you have an accredited licence to operate a fork/reach truck?		*YES/NO	
EDUCATION			
NAME OF SCHOOL/COLLEGE			
1.			
2.			
3.			
WORKING TIMES			
Please state any day or time of day that you are unable to work.			

QUALIFICATIONS LEVEL SUBJECT GRADE PREVIOUS EMPLOYMENT NAME & ADDRESS OF PREVIOUS JOB TITLE AND REASON FOR LEAVING DATES **EMPLOYERS** RESPONSIBILITIES **EMPLOYED** AND SALARY INCLUDING BENEFITS **CRIMINAL OFFENCES** Have you ever been convicted of a criminal Offence, which is not yet spent under the Rehabilitation of Offenders Act 1974? *YES/NO If yes, please give details:

INTERESTS AND LEISURE ACTIVITIE	ES
PLEASE GIVE DETAILS OF PREVIOUS	S POSITIONS APPLIED FOR AT W J ALDISS
	Y YOU HAVE CHOSEN TO APPLY TO W.J. ALDISS ANI
WHY YOU FEEL WE SHOULD CONSII	DER YOUR APPLICATION
PERSONAL REFERENCES - Please provide names	and addresses of two referees, one should be your most recent employer, who. These should not be relatives. Your present employer will not be contacted.
antil the company has received an acceptance for an o	
REFEREE ONE	REFEREE TWO
SIGNATURE	DATE
	n supplied herein will only be used for the business
	o an external third party. It will be kept on file for a cruitment and selection policy, be viewed by relevant
nembers of our organisation. If you do not wish to	b be considered for future vacancies in this manner,
lease put a cross (x) in the box.	