Head Office Unit 5 Park Farm Courtyard Easthorpe, Castle Howard York, YO17 6QX

Tel: 01653 609052 or 0207 1676689 Email: info@sjgtwltd.co.uk



APPLICATION FOR EMPLOYMENT

Private and Confidenti	al				
Return this form to:	SJG Temporary Works Ltd				
Position applied for:					
Name: Title	Forename(s)	Surname			
A dalance.					
	Postcode				
N. L. numbar					
N.I. number					
Telephone number	Landline	Mobile	:		
Current driving license?			Foreign data.		
		os:			
	<u>Details of endorsemen</u>	t:			
Are there any restrictions on you taking up employment in the UK?					
Yes [] No [] (If Yes, please provide details)					
Education	Schools/Colleges/Unive	ersities	Qualifications Gained		
244541611					
^		^ ^			

Employment history:		(please complete in full and use a separate sheet if necessary)		
From:	To:	Name and address		
		Job Title	Rate of pay	
		Duties		
		Reason for leaving		
From:	To:	Name and address		
		Job Title	Rate of pay	
		Duties		
		Reason for leaving		
From:	To:	Name and address		
		Job Title	Rate of pay	
		Duties		
		Reason for leaving		
From:	To:	Name and address		
		Job Title	Rate of pay	
		Duties		
		Reason for leaving		

Current membership of professional bodies (i.e. CIPD, NMC) - Please note any professional bodies you are a member of or are registered with:				
	rment - Please note any other employment in obtaining this position	ent that you would continue with if you were to		
	Please note here the names and address rand work experience references.	ses of two persons from whom we may obtain		
<u>1.</u>		2		
Known in the	capacity of: (i.e. Manager/Education)	Known in the capacity of:		
Declaration	(Please read carefully before signing	this application)		
1.	I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.			
2.	Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my HR file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.			
3.	I agree that should I be successful in this application, I will, if required, apply to Disclosure & Barring Service/Disclosure Scotland for a Disclosure & Barring certificate. I understand that should I fail to do so, or should the disclosure not be the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.			
	employment terminated.	, , , , , , , , , , , , , , , , , , , ,		