

ABILITY PLUS LIMITED CANDIDATE APPLICATION FORM

CANDIDATE'S PERSONAL INFORMATION

Title (Please circle): Mr / Mrs / Miss / Ms / Other.....

Forename(s):

Surname:

Date of Birth: / /

Marital Status: Single / Married / Separated / Divorced / Widowed

Nationality:

Work permit required? (Please tick): Yes No

CANDIDATE'S CONTACT INFORMATION

Home Address:

Postcode:

Home Telephone No:

Mobile Telephone No:

E-mail Address:

DISABILITIES/IMPAIRMENTS

Do you consider yourself to have any disabilities or impairments or require any specialist equipment to do your job? (Please tick) Yes No

If yes, please give details:

CRIMINAL CONVICTIONS

Do you have any spent or unspent criminal convictions including motoring offences? (Please tick) Yes No

If yes, please give details:

DRIVING LICENCE

Do you hold a full, clean driving licence? Yes No
Do you own your own transport? Yes No

EDUCATION & QUALIFICATIONS

Dates	School/College/University	Qualifications

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EMPLOYMENT

Position required:

(Additional pages can be requested if required)

Current Employer's Name & Address or most recent Employer		
Job Title	Start Date	Leaving Date
Brief description of main duties and reason for leaving/wanting to leave		

Previous Employer's Name & Address		
Job Title	Start Date	Leaving Date
Brief description of main duties and reason for leaving		

Previous Employer's Name & Location		
Job Title	Start Date	Leaving Date
Brief description of main duties and reason for leaving		

I declare the information I have given is true and complete to the best of my knowledge.

Signed: _____ Date: _____