

Oxring Ltd
LONDIS
Burford Street
Lechlade
Gloucestershire
GL7 3AP

(Confidential Application for Employment)

1. APPLICATION:

Position applied for:.....

Early Mornings / Mornings / Afternoons / Evenings / Weekends*

*indicate which shifts you are available

2. PERSONAL DETAILS:

Full Name:.....

Address:.....

.....Postcode:.....

Telephone:.....Date of Birth.....

Name & Address of next of

Kin:.....

.....

.....Postcode:.....

Telephone:.....

National Insurance

No. :.....

Do you currently hold a full driving licence: YES / NO.

Will the position for which you are applying be your only form of employment? YES / NO

If no, please give details:.....

Do you currently have any relatives working in the store to which you are

Applying.....

Have you ever been dismissed from any form of employment? YES / NO

3 EDUCATION:

School/ College/ University Attended:	From- To: (Approx Dates)	Examinations Taken:	Results:

4 EMPLOYMENT DETAILS :

Please start with your most recent employer:

Employed From- To:	Name & Address of Employer:	Position Held & Brief Description of Duties:	Reason for Leaving & Final Salary / Rate of Pay:

If you have worked for more than 4 employers during the last 3 years, please give the additional information on a separate piece of paper.

5 ACTIVITIES & INTERESTS:

Please give details of any hobbies, interests or clubs to which you are a member.

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6 REFEREES:

All offers of employment are made subject to satisfactory references. Please give details of 2 people (unrelated) that we may approach for references, one of your referees should be your current or most recent employer. We will not ask for references until an offer of a position within our company has been made.

Name / Position	Address (Including Postcode)	Telephone Number

7 HEALTH:

A DO YOU SUFFER FROM OR EVER HAD:	YES / NO	PLEASE GIVE DETAILS:
Diabetes		
Epilepsy / Fits		
Skin Rashes / Eczema		
Back Trouble		
Ear Trouble		
Eye Trouble		
Do you take regular medicine?		
Are you currently under the care of your Doctor?		

8 OTHER INFORMATION:

Is there any other information you feel is relevant to this application?

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Please continue on a separate sheet if necessary.

I confirm that the information given in this application form is, to the best of my knowledge, true and complete. I fully understand that any false statement made in the above application may be sufficient cause for rejection, or if employed, dismissal.

SIGNATURE:..... **DATE:**.....