

# APPLICATION FORM

PLEASE USE INK AND CAPITAL LETTERS WHEN COMPLETING THIS FORM.

**CRF (UK) LTD  
UNIT B8  
WEM INDUSTRIAL ESTATE  
SOULTON ROAD  
WEM  
SHROPSHIRE SY4 5SD**

**TELEPHONE:** 01939 235000

**FAX:** 01939 235111

Position applied for: \_\_\_\_\_

Where did you hear about this vacancy? \_\_\_\_\_

## **Personal Details**

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Daytime \_\_\_\_\_ Evening

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

No. Dependants \_\_\_\_\_

Educational Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Please use separate sheet of paper if necessary)

Apprenticeships/Training

Courses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other skills which may be relevant: \_\_\_\_\_

\_\_\_\_\_

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If offered this position will you continue to work in any other capacity?

Please circle: Yes                  No

Have you previously worked for us? Please circle: Yes    No

If yes, When? \_\_\_\_\_

**Please give details of your Work History over the last five years, Using a separate sheet of paper is necessary.**

Name of Employer: \_\_\_\_\_

Date: \_\_\_\_\_

Brief details of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_

Date: \_\_\_\_\_

Brief detail of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Is your ability to perform the particular job for which you are applying limited in any way due to Health Problems? \_\_\_\_\_

How much notice do you have to work/How soon can you start work? \_\_\_\_\_

Do you have any holidays booked? \_\_\_\_\_

Do you have a clean Driving Licence? \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Smoker/Non-Smoker? \_\_\_\_\_

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Briefly give reason why you want to work in this Particular Job? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### References

Please provide Names, Addresses and Occupations of at least two referees (not relatives), preferably Previous Employers whom we may approach with regard to your application at an appropriate or later date after obtaining you permission.

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

### Additional information

Give any further information which you may think may assist us in considering you application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Declaration

To the best of my knowledge the information given on this form is correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*For Office Use Only*

