LEMAC ENGINEERING (UK) LIMITED APPLICATION FORM

POSITION APPLIED FO	OR:		
The following inf	ormation will be tre	eated in the strictest confid	dence.
Personal (Please	complete this sectio	n in BLOCK CAPITALS)	
Surname:			. <u></u>
First name:			. <u></u>
Address:	-		
Postcode:	-		
Home telephone number:	_		
Mobile telephone number:			
Full Driving Licence:	Yes / No	Endorsements:	Yes / No
If YES, please give further details in	cluding dates:		
Are you involved in any ac hours e.g., local government		nit your availability to work	or your working Yes / No
If YES, please give full details:			
Are you subject to any restric	ctions or covenants v	vhich might restrict your wor	rking activities? Yes / No
If YES, please give full details:			
Are you willing to work overtime and weekends if required?			Yes / No
Please give details of any hours whi	ich you would not wish to	work:	
Have you any convictions, o Act 1974?	ther than spend conv	victions under the Rehabilita	ation of Offenders Yes / No
If YES, please give full details:			
If offered employment, yo Questionnaire. Are you prepa			
Have you ever worked for thi	is Company before?		Yes / No
If YES, please give full details:			
Have you applied for employment with this business before?			Yes / No
Do you need a work permit to take up employment in the U.K.?			Yes / No
How much notice are you red	quired to give to your	current employer?	

Education

Schools attended since age 11	From	То	Examinations and Results	
Callaga an I laivanaitu		Т.	Courses and Deculte	
College or University	From	То	Courses and Results	
Further Formal Training	From	То	Diploma/Qualification	
3				
Job related Training Courses	Date		Subject	
Name of Organisation				
<u> </u>				
Please give details of membership	of any techi	nical or profe	ssional associations:	
		·		
Please list languages spoken and the level of competence:				

Employment Details

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

Present or Last Employer

Are you currently employed?	Yes / No
Name of present or last employer:	
Address:	
Telephone number:	
Nature of business:	
Job title & brief description of duties:	
Reason for leaving:	
Length of service:	From: To:

Interests, Achievements, and Leisure Activities (e.g. hobbies, sports, club memberships)		
Supplementary Information Please set out below any further inform (e.g. past achievements, future aspirati	ation to support your application	
Declaration		
	this form is complete and accurate. I understand that missions will disqualify me from employment or may	
ongoing personnel administration and	d in confidence by the Company, for the purposes of d payroll administration in compliance with the Data otify the Company immediately of any changes to the	
Signed:		
PRINTED:		
Date:		
References		
Please give the names of two people employer) whom we may approach for	(one of which should be your present or most recent a reference.	
Can we approach your current employe	er before an offer of employment is made? Yes / No	
Name:	Name:	
Position:	Position:	
Address:	Address:	
Tel. No:	Tel. No:	
Source of Application		
How did you hear of this vacancy?		