



EMPLOYMENT APPLICATION FORM
(Alternatively, please send your CV/resume)

CANDIDATE DETAILS

First Name: _____ **Family Name:** _____

Home Address: _____

Post Code: _____

Home Telephone: _____

Mobile Telephone: _____

Email Address: _____

Date of Birth: _____

Status: **Single** / **Married or with partner**

EDUCATION

Details of Secondary Education:

School _____
Examination Results

Subject	Grade Achieved
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Details of Further Education, Training Courses etc:

Place of study _____
Examination Results

Subject	Award Achieved
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EMPLOYMENT HISTORY

Last / Current Employer Name: _____

Address: _____

Start Date: _____ Finish Date: _____

Duties:

Salary: _____

Reason for Leaving: _____

Previous Employer Name: _____

Address: _____

Start Date: _____ Finish Date: _____

Duties:

Salary: _____

Reason for Leaving: _____

MEDICAL CONDITION:

Do you suffer from Heart Condition, Asthma, Diabetes, or any other medical condition?

Yes / No

If yes, please give details: _____

Are you under medication? Yes / No

Do you have any physical disability that would restrict you ability to lift normal loads

Yes / No

If yes, please specify: _____

Do you normally wear glasses Yes / No



DECLARATION:

You are expected to complete this form in full and to give honest answers. Should at any time it come to light that incorrect answers have been supplied, the company has the right to withdraw any offers made or to terminate employment where this has commenced.

Signature: _____

Date: _____

**Once complete please send this form and post to Formax, for attention of Rob Frost.
Alternatively, please email your CV/resume to oliver.wessely@formax.co.uk.**



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