POWER ACTION

Application Form

Vacancy No:
Form Serial No:
Surname:
Forenames:
Title(Mr, Ms etc):

Address:	Tel No. - home:
	Tel No. - daytime:
	Date of birth: Present age:
Post code:	
Are you presently employed? Yes / No	Have you a clear driving licence Yes / No

Present & Previous Employment & Training -most recent first

Name, Address & business of Employer	From Month/ Year	To Month/ Year	Position & nature of Duties & reason for leaving	Gross Wage/ Salary

Personal Information

tick the boxes	yes	no	tick the boxes	yes	no
coronary illness or stroke			asthma		
diabetes			other breathing problem		
mental disorder			require glasses for reading		
epilepsy			colour blindness or deficiency		
recurring dizziness or blackouts					
hearing deficiency			disability		
other serious illness			criminal record		
details:					
Hobbies, sports, other interests:					
Names & addresses of references:					

Education, Examinations, Training courses.

Do not include school names. Include all grades obtained.

Date	Examination	Subjects	Grade

Any aspects of training or experience you consider relevant

I Certify that the details I have given above are true and complete. I am aware that if I do not complete the form properly I may not be shortlisted for interview.

Date:_____Signature:_____