

**CONFIDENTIAL APPLICATION FOR EMPLOYMENT FOR OFFICE USE ONLY**

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|                                     |   |
|-------------------------------------|---|
| POSITION FOR WHICH YOU ARE APPLYING | HOW DID YOU FIND OUT ABOUT THIS POSITION? |
|                                     |   |

**PERSONAL DETAILS**

|          |           |                      |                    |  |
|----------|-----------|----------------------|--------------------|--|
| TITLE    | FORENAMES | SURNAMES             |                    |  |
|          |           |                      |                    |  |
| ADDRESS  |           | HOME TELEPHONE No.   | WORK TELEPHONE No. |  |
| Postcode |           |                      |                    |  |
|          |           | MOBILE TELEPHONE No. |                    |  |
|          |           |                      |                    |  |

|  |     |  |                    |     |  |  |
|--|-----|--|--------------------|-----|--|--|
| Do you require a work permit to work in the UK?* | YES |  | Are you a smoker?* | YES |  | Please state any dates you are not available for interview |
|  | NO  |  |                    | NO  |  |  |

|   |     |  |                 |                         |                    |     |  |
|---|-----|--|-----------------|-------------------------|--------------------|-----|--|
| Do you have a current driving licence?* | YES |  | TYPE OF LICENCE | DETAIL ANY ENDORSEMENTS | Do you own a car?* | YES |  |
|   | NO  |  |                 |                         |                    | NO  |  |

|  |     |    |
|--|-----|----|
| Are you related to, or know anyone, who is employed by Triarom?* (If yes give details) | YES | NO |
|  |     |    |

**EMPLOYMENT DETAILS**

|                 |                        |
|-----------------|------------------------|
| SALARY EXPECTED | NATIONAL INSURANCE No. |
| £ PER           |                        |

|  |     |    |
|--|-----|----|
| If offered the position would you continue to work in any other employment?* (If yes give details) | YES | NO |
|  |     |    |

|   |     |    |
|---|-----|----|
| Have you previously applied for a position at Triarom?* (If yes give details) | YES | NO |
|   |     |    |

|   |     |  |   |
|---|-----|--|---|
| Are there any disabilities that may affect your application?* | YES |  | If yes give details and describe reasonable adjustments which you feel should be made to the recruitment process to assist your application and to the job itself to enable you to carry out the job. |
|   | NO  |  |   |

**EDUCATION**

| DATES |    | SECONDARY SCHOOL ATTENDED                               | QUALIFICATIONS GAINED<br>(STATE EXAMINATIONS AND RESULTS) |
|-------|----|---|---|
| FROM  | TO |   |   |
|       |    |   |   |
| DATES |    | FURTHER EDUCATION<br>(UNIVERSITY, COLLEGE, DAY RELEASE) | QUALIFICATIONS GAINED<br>(STATE EXAMINATIONS AND RESULTS) |
| FROM  | TO |   |   |
|       |    |   |   |

ADDITIONAL QUALIFICATIONS  
(INCLUDING MEMBERSHIP OF PROFESSIONAL BODIES AND WORK RELATED TRAINING)

**EXPERIENCE AND ACHIEVEMENTS**

Please provide a description of your experience, which you believe makes you a suitable candidate for this position. This may include any specialist work undertaken, any relevant training courses and your personal achievements.

**PRESENT OR LATEST EMPLOYMENT**

| JOB TITLE                        | START DATE | DATE LEFT OR NOTICE REQUIRED | EARNINGS |
|----------------------------------|------------|------------------------------|----------|
|                                  |            |                              |          |
| EMPLOYERS NAME                   | ADDRESS    |                              |          |
|                                  |            |                              |          |
| MAIN DUTIES AND RESPONSIBILITIES |            |                              |          |
|                                  |            |                              |          |
| REASON FOR LEAVING               |            |                              |          |
|                                  |            |                              |          |

**PREVIOUS EMPLOYMENT**

| DATES |    | EMPLOYERS NAME<br>AND ADDRESS | JOB TITLE AND<br>EARNINGS | MAIN DUTIES AND RESPONSIBILITIES AND<br>REASON FOR LEAVING |
|-------|----|-------------------------------|---------------------------|--|
| FROM  | TO |                               |                           |  |
|       |    |                               |                           |  |

## ADDITIONAL INFORMATION

Please give any details of any languages, hobbies and interests (particularly those relevant to your application)

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|---|-----|----|
| Have you ever been convicted of a criminal offence?* (Declaration subject to the Rehabilitation of Offenders Act) | YES | NO |
|   |     |    |

|   |     |    |
|---|-----|----|
| Have you ever submitted a claim for an industrial injury or disease?* (If yes give details) | YES | NO |
|   |     |    |

|  |     |    |
|--|-----|----|
| Have you ever suffered from a serious illness or had a serious operation?* (If yes give details) | YES | NO |
|  |     |    |

|   |
|---|
| Please give details of time lost from work due to health reasons in the past 3 years. |
|   |

|  |     |    |
|--|-----|----|
| Are you receiving any medicine treatment at present or taking any form of medication?* (If yes give details) | YES | NO |
|  |     |    |

## REFERENCES

Please give the names of two people who are prepared to act as employment references. One should be related to your current employment and the other to previous employment. Please tick the right hand box if Triarom may contact them before offering employment.

| NAME AND JOB TITLE | ADDRESS AND TELEPHONE No. | Tick |
|--------------------|---------------------------|------|
|                    |                           |      |
|                    |                           |      |

## DECLARATION

I CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND ANY FALSE STATEMENT MAY BE SUFFICIENT CAUSE FOR REJECTION OR, IF EMPLOYED, DISMISSAL.

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|           |      |

PLEASE RETURN THIS COMPLETED FORM TO:

**PERSONEL DEPT.  
TRIAROM LTD.  
TRIAROM HOUSE  
BIRCH STREET  
WINDERMERE  
LA23 1EG**

FOR OFFICE USE ONLY

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