



Attention: Brian Kay
 Aston Melton Mowbray Ltd
 Beler Way
 Melton Mowbray
 Leics, LE13 0DG
 Tel: 01664 412815
 E-mail: mandy.stevens@astonvauxhall.co.uk

Vacancy:

Reference:

Closing Date:

Please attach a recent photo in this space.

EMPLOYMENT APPLICATION FORM

Personal Details

Surname:		First Name:	
Dr	Mr	Mrs	Miss
Ms	Other	Home Telephone Number	
Address:		Mobile Telephone Number	
		E-mail Address	
Postcode:		Work Telephone Number:	
		May we contact you at work with discretion? Yes / No	
Date of Birth:		Place of Birth:	

Vacancy Details:

How did you hear about this vacancy?

If offered this position, will you continue to work in any other capacity?(Please give details)

If you have previously applied to, or have been employed by the Company, please give details:

Do you know anyone that is, or has been employed by the Company, if yes please give details:

Education Details:

Last school attended:	From	To	Examination Taken and Grades
Name and Address:			
College, University, Further Education Including PT Courses	From:	To:	Subjects Studied and Qualifications Gained
	FT/ PT		

Professional Membership and Qualifications:(level and date acquired)

Employment History:

Present/Last Employer Name and Address:

From			To			Basic Salary	
D	M	YR	D	M	YR	Starting	Current
						£	£

Position Held: Bonus/Commission/Car

Responsible To:
(Name and Position)

Reason for Leaving

Number of staff supervised (if any)

Job title, duties and responsibilities: (please continue on separate sheet if necessary):

Your present employer will not be contacted until an offer has been accepted.

Previous Employer (full name and address)

From			To			Basic Salary	
D	M	YR	D	M	YR	Starting	Current
						£	£

Position Held: Bonus/Commission/Car

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Position Held: Bonus/Commission/Car

Responsible To:
(Name and Position)

Reason for Leaving

Number of staff supervised (if any)

Job title, duties and responsibilities: (please continue on separate sheet if necessary):

Health

Do you need any special facilities to help you attend an interview or perform the job?

If yes, please give details:

Advise if you are right or left handed

Are you dyslexic?

Yes

No

Are you colour blind?

Yes

No

How many days absence through sickness have you had from work in the past three years?

days

Please give details

Do you suffer, or have you suffered from any illness about which the Company should know? (e.g. asthma, diabetes,

If yes, please give details:

heart trouble, epilepsy etc)

Criminal Convictions:

Have you ever been convicted of a criminal offence, other than a "spent" conviction under the Rehabilitation of Offenders Act 1974?

Yes

No

If Yes please give details:

Are you facing any criminal prosecutions?

Yes

No

If Yes please give details:

Once employed by (enter dealership name), an employee must inform the Company of any Criminal Prosecutions, Convictions or Cautions, failure to do so will result in Disciplinary Action.

For FSA Regulation purposes please declare whether you have any outstanding CCJ's or have ever been declared bankrupt. (Where applicable to position.)

General:

Do you have a valid/current permit to work in the UK?

No

Are you prepared to work overtime if necessary?

Yes

No

Do you possess a current full driving licence?

Yes

No

Is your licence free from endorsements?

Yes

No

If NO please give details, including the number of points for each offence

Please use the space below to state why you want to work for Aston, and why you feel you are suited to the position. (Continue on a separate sheet if necessary).

Hobbies, Interests and Leisure Activities:

Please use the space below to outline your main hobbies, interests and leisure activities:

Personal References

Please give details of two people we could approach for references having obtained your permission

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Address: _____ _____	Address: _____ _____
Telephone Number: _____	Telephone Number: _____

I hereby declare that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any statements are false or misleading I will be liable to have my application disqualified or subsequently will be liable to be dismissed from employment by the Company. The applicant will have no right of recourse.

Signed: _____ **Print Name:** _____ **Date:** _____

For Official Use Only

Application acknowledged: (Date) _____

Interview Record:

1st interview: (Date) _____ 2nd interview: (Date) _____

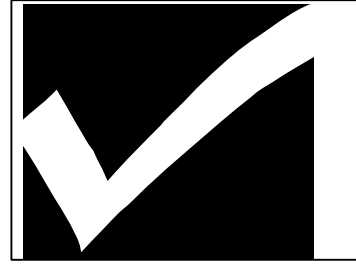
Interviewer(s) _____ Interviewer(s) _____

Comments:

Interview result:

<input type="checkbox"/> Offer (Date) _____	<input type="checkbox"/> Rejected (Date) _____
Signed _____	Signed _____

Equal Opportunities:



This section of the form will help us to monitor the effects of our Equal Opportunities Policy and will be used for no other purpose. We would be grateful if you would complete it.

Ethnic Origin (please tick one box)

I would describe my ethnic origin as:

Afro-Caribbean

UK European

African

European

Asian

Other - please specify

Marital Status:

Single

Divorced

Married / Civil Partner

Widowed

Separated

Sex:

Male

Female

Disability:

Non-disabled

Disabled

(N.B. Disabled means a physical or mental impairment which has a substantial and long-term adverse effect on an employee's ability to carry out normal day-to-day activities)

Age:

Date of Birth:

Age last birthday:

Position applied for:

Name: