

APPLICATION FORM



M-Sport Ltd
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 Dovenby
 Cockermouth
 CA13 0PN

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 E-mail: hr@m-sport.co.uk Website: www.m-sport.co.uk

To be completed in your own handwriting

SURNAME (BLOCK): _____ PLACE OF BIRTH: _____

OTHER NAMES (BLOCK): _____ GENDER: _____

ADDRESS (BLOCK): _____

 ARE YOU ELIGIBLE TO LIVE & WORK IN THE UK:
 YES NO

POSTCODE: _____ DO YOU HAVE A CURRENT VALID PASSPORT

COUNTRY: _____ YES NO

TEL NO.'s HOME: _____ DO YOU HAVE A CURRENT VALID DRIVERS LICENSE:
 YES NO

MOBILE: _____

E-MAIL ADDRESS: _____ DO YOU HAVE YOUR OWN CAR:
 YES NO

POSITION SOUGHT	
Position Applied For :	
How did you find out about this position?.....	
Available Start Date:	Current Salary.....
Are you currently employed?.....	Notice Period:.....

EDUCATION AND PROFESSIONAL TRAINING - full and part-time, secondary onwards.			
Dates	Secondary School	Subjects	Certificates
Dates	University/College	Subjects	Certificates

EMPLOYMENT HISTORY FROM PREVIOUS 5 YEARS

(Please start with current or most recent job and list positions in reverse chronological order)

Start & Finishing Dates (month & year)	Name & Address of Company & type of business (contact details necessary for references)	Job Title & Brief Description of Duties	Salary start & finish	Reason for Leaving

Please state your current gross earnings, showing salary, commission, plus any other benefits:

Please provide copies of any relevant training/courses taken and any qualifications received in order to support your application

Describe briefly what appeals to you about the vacancy and how your previous experience / employment will be relevant to the job.

Briefly state what your aims and ambitions are.

ADDITIONAL INFORMATION

Please give details of all current licenses held (inc. LGV / Plant / Forklift):

If you hold an LGV license, please provide the expiry date of your driver CPC:

If you have any endorsements on your driving license, please provide details and date of conviction:

Have you ever been convicted of, or cautioned for, a criminal act? - If so, please give details.
(M-Sport Ltd are fully aware of their obligations under the Rehabilitation of Offenders Act 1974)

What are your hobbies and interests?

Any further information you care to add in support of your application:

I confirm that all the information I have given in this document is accurate to the best of my knowledge and belief, and understand that no contract exists between the Company and myself until a written offer of employment is made by the Company and accepted by myself. I agree that the information provided in this application form may be processed by the employer in relation to my application for this post, to assist in the decision making process. I further expressly agree that should it be necessary to validate any of the information provided herein, the employer may release this information for verification purposes. If successful in my application, it is agreed that any information provided will be retained by the employer in a secure, confidential file and the contents only used for necessary business purposes, subject to my express consent for disclosure where necessary.

Signature: _____

Date: _____

STRICTLY CONFIDENTIAL
Employment Particulars - Medical History



SURNAME:

FIRST NAME:

ADDRESS:

.....

..... **POSTCODE:**

TEL NO: **DATE OF BIRTH:**.....

POST APPLIED FOR:

Please indicate if any of the following apply, or have applied in the past. Please give details below where appropriate.

Do you have a disability that requires M Sport Ltd. to make reasonable adjustments should you attend an interview, such as the need to be accompanied, lift access, additional time for your interview? YES / NO

Any current medication that should be taken into account when considering the position applied for? YES / NO

Do you suffer (or have suffered) from a condition that may be exacerbated by manual lifting and the handling of heavy items? YES / NO

Should you be successful in your application, would you be willing to undergo a company medical and allow the company access to your medical history? YES / NO

If it is necessary to obtain access to medical information from your medical advisor you will be notified in writing. In such cases, your rights under the Access to Medical Reports Act 1988 will come into effect. These rights would also apply if, at any time in employment, medical advice were sought about your fitness to work.

Details:

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.....
.....

Is there any information that is not given above but should be taken into account when considering the position applied for? YES / NO

Details:

.....
.....

DECLARATION:

I hereby declare that the above information is correct to the best of my knowledge. I understand that I may be required to attend a medical examination. I understand that failure to disclose relevant information or giving false information may result in termination of my employment.

Signature

Date