

## APPLICATION FOR EMPLOYMENT

Please - use BLACK ink and BLOCK LETTERS when completing this form POST DETAILS POST TITLE : DEPARTMENT: **CLOSING DATE:** PERSONAL DETAILS FIRST NAME(s): SURNAME: TITLE: Mr / Mrs / Miss / Mr / Other NATIONAL INSURANCE NUMBER: MARITAL STATUS : ADDRESS (including postcode): MOBILE (If Applicable): PHONE (Home): YES / NO OWN TRANSPORT : YES / NO DRIVING LICENCE : Applying for this Vacancy Under the terms of the Asylum and Immigration Act 1996 and the Immigration (Restrictions on Employment) Order 2004, Oregon Timber Frame Limited has a legal obligation to ensure that any successful applicant is legally entitled to work in the U.K. Are you a British subject or a national of any EU country? YES / NO If answered no, do you have the right to work in the UK? YES / NO YES / NO Do you have a current work permit? If, answered yes, please state the expiry date of your right to work in the UK and/or work permit QUALIFICATIONS AND CERTIFICATION Please specify details of any qualification or training courses which have led to certification SUBJECT / COURSE QUALIFICATION / GRADE DATE DATE **GRADE / AWARDING BODY** PROFESSIONAL MEMBERSHIP EMPLOYMENT HISTORY NAME AND ADDRESS OF PRESENT DATE OF COMMENCEMENT POST HELD PRESENT SALARY (£ per annum) EXPECTED SALARY (£ per annum) PLEASE SUMMARISE YOUR MAIN DUTIES AND RESPONSIBILITES IN THE ABOVE POST

PREVIOUS EMPLOYMENT (commencing with the most recent) DATES   NAME AND ADDRESS OF EMPLOYER   POST HELD   REASON FOR LEAVING    REFERENCES   NAME AND ADDRESS OF EMPLOYER   POST HELD   REASON FOR LEAVING    REFERENCES   Post of the manes of your referees.  Both referees should be in a work capacity and one must be your current or most recent employer.  Please give the names of your referees.  Both referees should be in a work capacity and one must be your current or most recent employer.  Please note, however, we will not nake contact with any referees prior to your authorisation at the interview stage.  NAME AND ADDRESS OF REFERE No. 1   NAME AND ADDRESS OF REFERE No. 2    NAME AND ADDRESS OF REFERE No. 2   NAME AND ADDRESS OF REFERE No. 2    POST TITLE   POST TITLE   POST TITLE    PHONE NUMBER   PHONE NUMBER    HEALTH    Please give details of any sickness absence in the last two years  FROM   TO   No. OF DAYS   FROM   TO   No. OF DAYS    Do you have any disabilities or health problems that may affect your work:   YES / NO    In some operations within Oregon, light lifting may be required, are you aware of any medical condition that may impact on this type of work   YES / NO    Please note, this information will not count against you. but will help us consider ways in which we can reasonably accommodate your needs.  OD you have any unspent convictions or pending criminal proceedings against you?   YES / NO    OF YES / NO   YES / NO    Please give details   Offence   Fine/Sentence    Fine/Sentence   Fine/Sentence   Fine/Sentence    Fine/Sentence   Fine/Sentence   Fine/Sentence    Fine/Sentence   Fine/Sentence   Fine/Sentence    Fine/Sentence   Fine/Sentence   Fine/Sentence    Fine/Sentence   Fine/Sentence   F	EMPLOYMENT HISTORY continued								
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