

Office Use: Branch	RepArea		
10	20	21	30
31	40	41	42
50	60		

DGS Group Plc

Application for Employment - (Web)

Confidential



Please complete ALL sections of this form in black ink (in CAPITAL LETTERS) or type and return to the branch at which you wish to work or send to head office if requested to do so.

Please mark your envelope "Private & Confidential".

All the information given on this application form is treated as confidential.

Double Glazing Supplies Group Plc
Sycamore Road,
Trent Lane Industrial Estate,
Castle Donington
DERBY
DE74 2NW

DGS is an equal opportunities employer.

t: (01332) 811 611
f: (01332) 812 650

Personal Details

Title Mr Mrs Ms Ms	Other Please Specify	Surname
Forenames		Home Telephone No
Address		Mobile Telephone No
Postcode <input style="width: 100px;" type="text"/>		Dates unavailable for interview
Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?		Details
Yes / No		

Right to Work

IMMIGRATION AND ASYLUM ACT 1996 (Section 8)

Under Section 8 of the Asylum and Immigration Act 1996, we are obliged to make certain document checks on ALL individuals asked to attend an interview to ensure that work is only offered to those who have a right to live and work in the United Kingdom (England, Northern Ireland, Scotland and Wales). You will be advised of the documentation you need to bring with you if you are invited to an interview.

Do you have a right to work in the UK? Yes / No	Do you need a work permit Yes / No	National Insurance No.	Date of Birth
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Employment

Position applied for:	Expected Salary	Date Available for work	If employed by us will you continue to work in any other capacity? Yes / No
If offered this position how will you travel to and from work?			
Have you previously worked for us? Yes / No If yes, when?			

Do you have any physical condition which could limit your ability to perform the particular job for which you are applying?

If so please describe how you would be able to perform the job in spite of it:

Employment (Cont'd)



Our normal working hours are 0830 - 1700 (Office) Monday to Friday. 0800 - 1700 (Warehouse) For each day of the week, please write the start and finish times you are available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday
Start					
Finish					

Driving Licence (for driving positions only)

It is a condition of our motor insurance policy that we periodically inspect the driving licence of all company vehicle drivers.

Do you have a full UK driving licence? <p style="text-align: center;">Yes / No</p>	Categories?	Endorsements: If none state 'none'.
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References

Please give names and addresses of referees concerning employment/education during the last three years including present. Continue on a separate sheet where necessary.

May we make enquires with this reference prior to an offer of employment Yes / No Name: Position: Address: Telephone:	May we make enquires with this reference prior to an offer of employment Yes / No Name: Position: Address: Telephone:
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Education and Skills



Schools	From:	To:	Examination and Results
College/University	From:	To:	Courses and Results
Further Education and Formal Training	From:	To:	Courses and Results
Professional Membership and Qualifications			
Please list the skills and experience you have gained through paid employment and other activities and interests which are relevant to your application for this job.			

Employment History



Please list below present and past employment, beginning with your most recent:

Name and address of company and type of business	From		To		Starting Salary	Leaving Salary	Reason for leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	£	£		
					Per	Per		
	Describe the work you did:							
Telephone:								
Name and address of company and type of business	From		To		Starting Salary	Leaving Salary	Reason for leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	£	£		
					Per	Per		
	Describe the work you did:							
Telephone:								
Name and address of company and type of business	From		To		Starting Salary	Leaving Salary	Reason for leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	£	£		
					Per	Per		
	Describe the work you did:							
Telephone:								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

Declaration

I confirm that the information on this form is, to the best of my knowledge, complete and accurate and I understand that if any statement or document provided is found to be false, my employment may be terminated.

I agree to the processing of personal data, including sensitive data as defined under the Data Protection Act. 1988, that I may have provided in the completion of the application form. I understand that in particular, the company will process the information relating to criminal convictions for the purpose of determining suitability for a particular job and the information obtained will be retained on file.

I authorise the company to take up references and acknowledge that any offer of employment is subject to references being satisfactory. I understand that no contact will be made with my present employer (unless agreed otherwise) until an offer of employment has been made. I hereby give DGS Group Plc authority to obtain references on my employment history and verify all of the information I have provided on this application.

Signature of Applicant _____

Date _____