

PPSI International



EMPLOYMENT APPLICATION FORM

PPSI as an equal opportunities employer intends that no job applicant or employee shall receive less favourable treatment because of his or her marital status, race, colour, nationality, national origins, ethnic origins, sexual orientation or disability nor be disadvantaged by any other condition which cannot be shown to be justifiable.

Please complete in black ink or type

Position Applied for

Mr / Mrs / Miss / Ms / Dr
Surname
Forename (s)
Maiden / Previous Surname
Address
Post Code
Tel. No.
Date of Birth
Nationality
National Insurance No

Education and Qualifications

General Education (Secondary Schools)	From	To	Qualifications obtained including grades

(Further Education)	From	To	Qualifications obtained including grades

Vocational Skills and Training
(Including Membership of Professional bodies)

Please give details of courses attended and qualifications obtained with dates.

Employment History
(Give most recent employment first)

Employer (1)
Address

Telephone
Position Held
Dates
Job Responsibility

Reason for Leaving
Salary £

Employer (2)
Address

Telephone
Position Held
Dates
Job Responsibility

Reason for Leaving
Salary £

Employer (3)
Address

Telephone
Position Held
Dates
Job Responsibility

Reason for Leaving
Salary £

Other Posts Employer	From	To	Position Held	Reason for Leaving
<p>If necessary please continue on an additional sheet to show a full work history.</p>				

Experience or Achievements

Give details of relevant experience or achievements in support of your application. Also include any appropriate leisure interests etc (Membership of relevant societies etc). Please use an additional sheet if necessary.

Personal Details

As part of the selection process you will be asked to complete a health assessment form and as a result may be invited to a full medical examination by the Company Doctor.

i) Do you have a health problem or disability which is relevant to your job application? If yes, please give details :	Yes/No
ii) Please give brief details of any serious illness operations or disability.	
iii) Are you registered under Disabled Persons Employment Act? If so, give Registration Number	Yes/No
iv) Does your nationality require you to have a work permit to work in the U.K.?	Yes/No
v) Have you ever been convicted of any criminal offence? If yes, please specify date of conviction, nature of offence and sentence imposed	Yes/No

Your attention is drawn to the fact that under the Rehabilitation of Offenders Act 1974 you may be entitled to answer No to this question even if in the past you have been subjected to criminal proceedings resulting in convictions. It is suggested you take appropriate advice if you are in doubt as to whether your conviction is "Spent".

References

Please give the names, addresses and occupations of two persons who are able to comment on your suitability for this post. One should be your present employer or last employer if unemployed.

Name Position Address Tel. No	Name Position Address Tel. No
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Please indicate if you do not wish your current employers to be contacted prior to offer of employment. If so, the offer may be made conditional on receipt of a satisfactory reference being obtained.

Do / Do Not Approach my current employer (Delete as appropriate).

Notice

Period of Notice required to terminate current employment?	
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Additional Information Required

Under the **Asylum & Immigration Act 1996 : prevention of illegal working** we are obliged to ask you to provide certain information. Should your application be successful are you able to produce one or more of the following documents? (Delete or circle as appropriate)

• A passport describing the holder as a British Citizen or as having the right of abode – or an entitlement to re-admission to the United Kingdom	Yes / No
• A Birth Certificate issued in the United Kingdom or in the Republic of Ireland	Yes / No
• A Document issued by a previous employer, the Inland Revenue, the Benefits Agency, the Contributions Agency or the Employment Service which states the National Insurance Number of the person named	Yes / No
• A Current UK Driving Licence	Yes / No

Declaration

I declare that the information on this form is correct and understand that, if appointed, I will be liable to disciplinary action including dismissal, should I knowingly give false information.

Signed		Date	
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FOR OFFICE USE ONLY		Please return this form to
Date Application Received		Personnel Department Printing Press Services International Sellers Street Works Preston Lancashire PR1 5EU Tel: 01772 797050 Fax: 01772 705761
Date Acknowledged		
Interview Date		
Interviewer		
Start Date		
Notification Date		