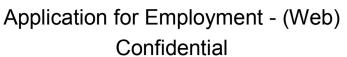
Office	e Use: ch	RepA	Area
10	20	21	30
31	40	41	42
50	60		

DGS Group Plc





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.

DGS is an equal opportunities employer.

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

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								Dates unavailable for interview			
offenc	e, othe	r than a	spent c	ed of a crimin onviction un act 1974?		Yes / I	No		Details	Details	
_	t to V		ASYLU	M ACT 1996	6 (Section 8)					
intervi	ew to e	nsure th	at work	is only offer	ed to those	who have	a right to live	e and work in		on ALL individuals asked to attend an (England, Northern Ireland, Scotland view.	
Do yo	u have	a right to	work i	n the UK?	Do you ne	ed a work	k permit	National Ins	surance No.	Date of Birth	
			Yes	/ No		Yes	s / No				
Emp	loym	ent									
Position	Position applied for: Expected Salary Date				Date Availa	able 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?	Categories?	Endorsements: If none state 'none'.	
Yes / No			

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

Education and Skills



Schools	From:	То:	Examination and Results
SCHOOLS	FIOIII.	10.	Examination and Results
	_	_	
College/University	From:	То:	Courses and Results
		_	
Further Education and Formal Training	From:	То:	Courses and Results
Professional Membership and Qualifications			
Please list the skills and experience you have gained through paid em	plovment and other	er activities and int	terests 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		То		Starting Salary	Leaving Salary	Reason for leaving	Name of Supervisor	
	Мо	Yr	Мо	Yr	£	£			
					Per	Per			
	Descri	l be the w	ork you	did:					
Telephone:									
Name and address of company and type of business	From		То		Starting Salary	Leaving Salary	Reason for leaving	Name of Supervisor	
				L					
	Мо	Yr	Мо	Yr	£	£			
					Per	Per			
	Descri	be the w	ork you	did:	•	·		·	
Telephone:									
Name and address of company and type of business	From		То		Starting Salary	Leaving Salary	Reason for leaving	Name of Supervisor	
	Мо	Yr	Мо	Yr	£	£			
					Per	Per			
	Descri	be the w	ork you	did:					
Telephone:									
I hereby give perm	nission	to conta	ct the e	mploye	ers listed ab	ove concern	ning my prior work experien	ce.	
Signed									
oigned							_		
If there is a particu	ular emp	oloyer(s) you do	not w	ish us to co	ntact, please	e indicate which one(s).		
Declaration									
I confirm that the infi					-	-	lete and accurate and I unders	tand that is any statement or	
the completion of the	e applica	ition form	n. I unde	rstand tl	nat in particul	lar, the compa		988, that I may have provided in relating to criminal convictions for	
understand that no	contact w	/ill be ma	de with	my pres	ent employe	r (unless agre	of employment is subject to refe ed otherwise) until an offer of e istory and verify all of the inform	employment has been made. I	
Signature of Applica	Signature of Applicant Date								