



Y Ffôr, Pwllheli  
Gwynedd, LL53 6PG  
email ema@glasfryn.co.uk  
Tel: 01766 810 000

Position Applied For \_\_\_\_\_

Full Time / Part Time / Seasonal

**Personal Details**

Mr/Mrs/Ms/Miss \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

email address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile \_\_\_\_\_

Adult over 21 years old YES / NO

Student YES / NO : If 'yes' enter Date of Birth \_\_\_\_\_

National Insurance Number \_\_\_\_\_

Current Driving Licence YES/NO Details of any Endorsements \_\_\_\_\_

**Education History**

Schools / Colleges	Qualifications Gained

**Employment History (most recent first)**

From – To	Name and Address	Title & Duties	Rate of Pay	Reasons for Leaving

**References**

Please note here the names and addresses of two persons from whom we may obtain both character and work experience reference.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Leisure**

Please note here your leisure interests, sports & hobbies and other pastimes.

**Criminal Record**

Please note here any criminal convictions except those “spent” under the Rehabilitation of Offenders Act 1974. If none please state.

Declaration (please read this before signing this form)

- 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- 2. I hereby give my authority for the organisation to contact my own doctor for any further details of my state of health.
- 3. I agree that the organisation reserves the right to require me to undergo a medical examination.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

**For Office Use Only**

Interview Date: \_\_\_\_\_ Conducted by: \_\_\_\_\_

Day Trial - Date: \_\_\_\_\_ Outcome: \_\_\_\_\_

Offer Letter: Y / N Sent: \_\_\_\_\_ Accepted / Rejected

Rejection Letter: Y / N Sent: \_\_\_\_\_

References: Y / N Sent: \_\_\_\_\_ Received: \_\_\_\_\_ Acceptable: \_\_\_\_\_