



# JOB VACANCY APPLICATION FORM

KIA MOTORS

CITROËN

PEUGEOT

SUZUKI

Skoda

Other

St. Helens

Wigan

Southport

Warrington

Canal Street, St. Helens. WA10 3JG  
Tel: 01744 739000  
Tel: 01744 738000  
Tel: 01744 746750

276 Wallgate, Wigan WN3 4AN  
Tel: 01942 324000  
Tel: 01942 324888

603-609 Liverpool Road,  
Ainsdale, Southport. PR6 3NG  
Tel: 01704 574126

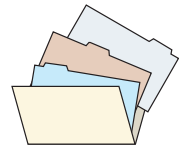
Milner Street, Warrington. WA5 1AD  
Tel: 01925 570800  
Tel: 01925 570333

1. POSITION SOUGHT Through which medium did you hear of this vacancy?		
2. SURNAME (Mr, Mrs, Miss)		
3. CHRISTIAN NAME		
4. MARITAL STATUS		
5. ADDRESS		
6. TELEPHONE NUMBER	HOME	MOBILE
7. PLACE OF BIRTH/NATIONALITY		
8. NATIONAL INSURANCE NUMBER		
9. NUMBER AND AGE OF CHILDREN		
10. DETAILS OF ANY DISABILITIES OR PAST SERIOUS ILLNESS/ACCIDENTS + DATES		
11. NUMBER OF DAYS SICKNESS IN LAST 2 YEARS (VERIFIABLE ON REFERENCE)		
12. PERIOD OF NOTICE REQUIRED BY PRESENT EMPLOYER		
13. GIVE FULL NAME AND ADDRESS OF TWO PERSONAL REFEREES (Not former employees or relatives)		



## 18. EMPLOYMENT

Beginning with the most recent, please list the names and addresses of previous employers.



Employer: _____	Referee: _____
Type of Business: _____	Tel No: _____
Address: _____	
Period of Employment: _____	From: _____ To: _____
Position Held: _____	Responsible To: _____
Duties and Responsibilities: _____	
Reason for Leaving _____	
Salary on Leaving: _____	A. Basic _____ B. Commission _____

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Type of Business: _____	Tel No: _____
Address: _____	
Period of Employment: _____	From: _____ To: _____
Position Held: _____	Responsible To: _____
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Reason for Leaving _____	
Salary on Leaving: _____	A. Basic _____ B. Commission _____

19. If you have at any time been convicted by a court or court martial of any offence, or a probation order has been made against you, or if you have been bound over without conviction for any offence, or if a summons has been issued against you, or any charge brought against you in any respect of any offence which has not been disposed of, full particulars must be given below

If you fail to give such particulars or should you give false particulars, you will not be considered for employment by the Company or if already in training or employment such training or employment will be liable to instant termination.

If you have never been in any of the above matters, enter nil in the column headed "Nature of Offence". Under the provisions of the Rehabilitation Of Offenders Act 1974 you may have the right not to disclose particulars of convictions. A copy of the Home Office leaflet will be made available to you on request.

DATES OF CONVICTION, PROBATION ORDER BINDING OVER, OR OUTSTANDING SUMMONS OR CHARGE	NATURE OF OFFENCE	SENTENCE OR COURT ORDER WITH COSTS (if any)

20. DRIVING LICENCE NUMBER:

DATE OF OFFENCE	OFFENCE DETAILS	ALLOCATED POINTS	OFFENCE CODE

22. I Understand that my employment by the Company is subject to the following conditions:-

1. That I successfully pass any medical examination that may be required.
2. That my employment will be subject to the Rules & Conditions of service from time to time.
3. That if I am engaged prior to the receipt of my references and fidelity bonding and if on receipt, these should prove unsatisfactory, my engagement may be terminated upon payment of the statutory minimum period of notice, i.e. one week if period of continuous employment is less than two years.

I hereby declare that the statement made by me in the whole of this application is true. I realise that misstatements made herein could render any contract of employment null and void.

.....20..... Signature of Applicant.....

FOR OFFICE USE ONLY

RESULT OF APPLICATION  
ACCEPT/REJECT:

DATE OF COMMENCEMENT:

SALARY:

OTHER BENEFITS:

REMARKS:

SIGNED.....

DATE.....