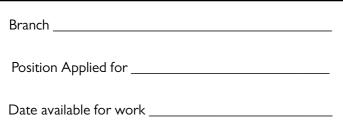
## Harpers Ltd Application for Employment





Position Applied for					
Date available for work					
Pers	Personal Information				
First Name					
Address	Post Code				
Contact Number	Email Address				
Date of Birth	National insurance number				
Full Driving Licence: YES / NO					
Addi	tional Information				
Are you willing to work overtime: YES / NO Please give details of any time you are unavailable to	Are you willing to work weekends: YES / NO				
Are you involved in any activity which might limit yo	our availability to work? YES / NO				
If Yes, please give full details					
Are you subject to any restrictions which might rest					
Have you previously applied to / worked for Harpe					
Do you need a work permit to take up employmen	nt in the UK? YES / NO				
Soul	rce of Application				

How did you hear about this vacancy \_\_\_\_\_

Education						
Schools Attended (11 Years plus)	From	То	Subjects & Results			
Further Education	From	То	Subjects & Results			
Further Formal Training	From	То	Subjects & Results			
Job Related Training Courses  Name of Organisation	From	То	Course Title & Result			

Are you a member of any Technical or Professional Association?	YES/ NO
If Yes, please provide details:	

Employment Details				
Are you currently in employment? YES / NO	Notice Required:			
Name of Present Employer				
	David Carla			
Nature of Business	Contact Number			
Job Title and Brief description of duties				

Please give details of your past employment, stating the most recent first

Name and Address of Employer	From / To	Position Held / Main Duties	Reason for Leaving

References			
Please give the names of two people (one of whom should be your present or most recent employer) whom we may approach for a reference.			
Can we approach your current employer before an offer of employment is made? YES / NO			
First Reference (Present Employer)			
Contact Name Position			
Company Name and Address			
Post Code			
Contact Framosis			
Second Reference			
Contact Name Position			
Company Name and Address			
Post Code			
Contact Number			
Declaration			
I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal			
I understand these details will be held in confidence by the Company, for the purposes of assessing this application,			
ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.			
FTOLECTION ACT 1770.			
Signature Date	_		