



and



**MALVERN
WINDOWS
Limited**

Unit 7a, Spring Lane North, Malvern, WR14 1BU. Tel: 01684 892350 Fax: 01684 569358 Email: info@amb-glass.co.uk

Office Application Form

Thank you for your enquiry. Please ensure that you complete this application in full and return as soon as possible.

Position Applied for:				Date:		
Name:						
Address						
Tel No:	Home				Mobile	
Email						
Date of Birth (optional)				Age		
National Insurance no:						
Marital status						
Number of dependants and their ages						
Have you a full driving licence						
Do you any points on your licence or have you ever been disqualified from driving						
	If yes to the above please give codes against the points shown on your licence					
What are your travel arrangements to and from work						
Are you a smoker or non-smoker						
Do you have a police record						
If yes to the above please give details.						
Do you have any physical disabilities. Please give details (please include any mental health issues ie: depression, stress)						
Do you have any commitments that may interfere with work						
If yes please give details.						
Have you applied for a position with AMB Glass before. If yes please give details and approx date.						
What work experience do you have for the position applied for please also state computer experience						
What rates of pay are applicable to your present or most recent employment.						
Hourly:			Weekly:			Per annum:
What are your salary expectations.						
Are you employed at the moment. If not please state why you left your last employment.						
Is there any other information that you feel may be relevant to your application.						
Have you ever been involved in or undertaking any kind of dispute with a previous employer.						
If yes please give details:						
Please state availability to attend an interview.						
Would you be willing to attend a job trail.						
Please state where you heard about this vacancy.						
Declaration: Please sign to confirm that all information given is correct:						
Signed: _____ Date: _____						

REFERENCES

Please provide the names and addresses of two referees (one of whom should normally be your manager/supervisor at your current workplace). For recent graduates your personal tutor could also be appropriate. Relatives may not be given as referees.

Referee 1

Referee 2

Name:		Name:	
Job title:		Job title:	
Address:		Address:	
Tel:		Tel:	
Fax:		Fax:	
Email:		Email:	
Relationship to you:		Relationship to you:	

If you are shortlisted references may be taken up prior to interview. Please tick here [] if you DO NOT want us to contact your current employer prior to interview.

Additional Referee: It would be helpful if you could provide details of a third referee whom we could approach if one of the other two is not available. Please fill in the name and contact details below.

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