APPLICATION FORM

M-Sport Ltd Dovenby Hall

Dovenby Hall Dovenby Cockermouth CA13 0PN



Tel: (+44)1900 828888 Fax : (+44) 1900 823823 E-mail: <u>hr@m-sport.co.uk</u> Website: www.m-sport.co.uk

To be complet	ed in your own handwriting							
SURNAME (BLO	CK):	PLACE OF BIRTH: _	PLACE OF BIRTH:					
OTHER NAMES	(BLOCK):	GENDER:						
ADDRESS (BLOC	CK):	NI NUMBER:	NI NUMBER:					
		ARE YOU ELIGIBLE	TO LIVE & WORK IN THE UK:					
			YES NO					
POSTCODE: _		DO YOU HAVE A	DO YOU HAVE A CURRENT VALID PASSPORT					
COUNTRY:			YES NO					
TEL NO.'s H	OME:	DO YOU HAVE A C	URRENT VALID DRIVERS LICENCE:					
	ORU E.		YES NO					
IVI	C.	DO YOU HAVE YOU	DO YOU HAVE YOUR OWN CAR:					
E-MAIL ADDRESS (this will b	S: e our main means of communication	on)	YES NO					
POSITION SOU	IGHT							
Position Applie	d For :							
How did you fir	nd out about this position?							
Available Start	Date:	Current Salary						
Are you curren	tly employed?	Notice Period:						
EDUCATION	AND PROFESSIONAL TRAIL	NING - full and part-time, s	secondary onwards.					
Dates	Secondary School	Subjects	Certificates					
Dates	University/College	Subjects	Certificates					
	-							

EMPLOYMENT HISTORY FROM PREVIOUS 5 YEARS
(Please start with current or most recent job and list positions in reverse chronological order)

Start & Finishing Dates (month & year)	Name & Address of Company & type of business (contact details necessary for references)	Job Title & Brief Description of Duties	Salary start & finish	Reason for Leaving		
Please state your current gross earnings, showing salary, commission, plus any other benefits:						

Please provide copies of any relevant training/courses taken and any qualifications received in order to support your application

Describe briefly employment will	what appeals be relevant to	to you the job.	about	the	vacancy	and	how	your	previous	experience	/
Briefly state wha	t your aims and	d ambitio	ons are								

ADDITIONAL INFORMATION
Please give details of all current licenses held (inc. LGV / Plant / Forklift):
If you hold an LGV license, please provide the expiry date of your driver CPC:
If you have any endorsements on your driving license, please provide details and date of conviction:
Have you ever been convicted of, or cautioned for, a criminal act? - If so, please give details. (M-Sport Ltd are fully aware of their obligations under the Rehabilitation of Offenders Act 1974)
What are your hobbies and interests?
Any further information you care to add in support of your application:

- I confirm that all the information I have given in this document is complete and accurate to the best of my knowledge and belief and understand that no contract exists between the Company and myself until a written offer of employment is made by the Company and accepted by myself.
- I agree that the information provided in this application form may be processed by the employer in relation to my application for this post, to assist in the decision making process. I further expressly agree that should it be necessary to validate any of the information provided herein, the employer may release this information for verification purposes.
- If successful in my application, it is agreed that any information provided will be retained by the employer in a secure, confidential file and the contents only used for necessary business purposes, subject to my express consent for disclosure where necessary.
- I declare the I have no criminal convictions other than any treated as spent under the provisions of the Rehabilitation of Offenders Act 1974 and those disclosed on the form.
- I declare that I accept that any misrepresentation of the facts is a ground for refusal of employment or disciplinary proceedings (and, in appropriate cases, criminal charges).
- I authorise approaches to be made to former employers, educational establishments, government agencies and personal referees for verification of the information I have supplied within this form.
- I accept that if the activities for which I am to be deployed require a CTC the CAA or its agents will carry out a CTC and that deployment on any such activities is conditional on the satisfactory results of such a check.

Signature:	Date:

STRICTLY CONFIDENTIAL Employment Particulars - Medical History



	SURNAME:						
	FIRST NAME:						
	FULL ADDRESS:						
	POSTCODE:						
	TEL NO: DATE OF BIRTH:						
	EMAIL ADDRESS						
	POST APPLIED FOR:						
Please indicate if any of the following apply, or have applied in the past. Please give details below where appropriate.							
you attend	ve a disability that requires M Sport Ltd. to make reasonable adjustments should an interview, such as the need to be accompanied, lift access, additional our interview?	YES / NO					
Any curren	nt medication that should be taken into account when considering the oplied for?	YES / NO					
	fer (or have suffered) from a condition that may be exacerbated by manual the handling of heavy items?	YES / NO					
	ube successful in your application, would you be willing to undergo a nedical and allow the company access to your medical history?	YES / NO					
If it is necessary to obtain access to medical information from your medical advisor you will be notified in writing. In such cases, your rights under the Access to Medical Reports Act 1988 will come into effect. These rights would also apply if, at any time in employment, medical advice were sought about your fitness to work.							
Details:							
	y information that is not given above but should be taken into account when g the position applied for?	YES / NO					
Details:							
DECLARAT	TON:						
I hereby declare that the above information is correct to the best of my knowledge. I understand that I may be required to attend a medical examination. I understand that failure to disclose relevant information or giving false information may result in termination of my employment.							
Signature .	Date						