



APPLICATION FOR EMPLOYMENT

Please ensure that all parts of the application are completed in BLOCK CAPITALS.
All information contained in this document will remain strictly confidential.

GUEST MOTORS LTD,
Head Office, Human Resources Department, Kenrick Way, West Bromwich. B70 6BY.

Return completed form to: recruitment@guests.co.uk.

PERSONAL DETAILS

Surname:

Forenames:

Address:

Post Code:

CONTACT DETAILS

Home Telephone Number:

Mobile Telephone Number:

Email Address:

Are you legally eligible for employment in the UK? (Please tick appropriate)

YES

NO

Do you have a current driving licence? (Please tick appropriate)

YES

NO

If YES, type of licence held:

If YES, is it clean? (Please tick appropriate)

YES

NO

If NO, give details:

Have you ever been convicted of a criminal offence? (Please tick appropriate)

YES

NO

If YES, please give details:

EMPLOYMENT DETAILS



Position applied for:

Salary Expectations:

If offered this position, will you continue to work in any other capacity?	YES		NO	
Have you previously worked for Guest Motors Ltd?	YES		NO	

If YES, please provide details of start and finish dates and position held:

If offered the position, what would be your immediate available start date?

EDUCATION DETAILS

SCHOOLS	From	To	Examinations and Results

COLLEGE/UNIVERSITY	From	To	Courses and Results



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FURTHER EDUCATION AND FORMAL TRAINING	From	To	Course and Results

PROFESSIONAL MEMBERSHIP AND QUALIFICATIONS

Please outline the skills and experience you have gained through paid employment and other activities and interests which are relevant to your application of this job.



EMPLOYMENT HISTORY

Please list below present and past employment, beginning with your most recent.

Name of Employer:

Address of Employer:

Contact Number:

Name of Line Manager:

Start Date:

Leave Date:



Starting Salary:		Leaving Salary:	
Job Title:			
Describe your daily tasks and duties:			
Reason for Leaving:			
Name of Employer:			
Address of Employer:			
Contact Number:			
Name of Line Manager:			
Start Date:		Leave Date:	
Starting Salary:		Leaving Salary:	
Job Title:			

Describe your daily tasks and duties:



PARTSCOMM
PARTS FOR COMMERCIAL VEHICLES

Reason for Leaving:

Name of Employer:

Address of Employer:

Contact Number:

Name of Line Manager:

Start Date:

Leave Date:

Starting Salary:

Leaving Salary:

Job Title:

Describe you daily tasks and duties:

Reason for Leaving:

REFERENCES

REFERENCE 1



PARTSCOMM
PARTS FOR COMMERCIAL VEHICLES

Name:
Job Title:
Department:
Company:
Address:
Contact Telephone Number:
Email Address:

REFERENCE 2
Name:
Job Title:
Department:
Company:
Address:
Contact Telephone Number:
Email Address:

I certify that all information provided in this application is true to my knowledge and understand that if any information given is found to be untrue may result in my employment being terminated if offered the position.

Signed: _____

Dated: _____