

MANOR MARINE APPLICATION FORM

Position applied for :

Where did you hear about this vacancy?

Please complete and return this form to: Personnel Department,
Manor Marine,
Portland Port Business Centre,
Castletown, Portland,
Dorset, DT5 1PB

by

PERSONAL DETAILS

Full name: Title.....Forename(s).....Surname.....

Home address.....

.....Postcode.....

Telephone number: Home.....Work.....

Date of Birth.....Marital status.....

Nationality..... Do you require a work permit to work in UK? YES / NO

Please detail any previous illnesses, operations or disabilities, including any current treatment or physical limitation

Please state the number of sick days taken in the last twelve months.....

Are you registered disabled? YES / NO If yes, please quote R.D.P. No.....

Do you hold a full current driving licence? YES / NO

Please give details of any driving offences currently under endorsement.....

Please give details of any unspent criminal convictions that you may have (as in accordance with the Rehabilitation of Offenders Act 1974.)

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EMPLOYMENT HISTORY

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

Name, Address and telephone number of employer	Date Started	Date Ended	Job Title	Description of work and main responsibilities	Reason for leaving / Notice required

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EDUCATION

Please give details of your education, qualifications and training, to date. Please continue on a separate sheet if necessary.

School / College/ University	Date From	Date To	Examinations Passed (Subjects and Level)
Other courses (including part time education) and membership of professional bodies.			

EXPERIENCE

Outline particular experience gained in previous positions, or in activities outside of work that you feel show your aptitudes and skills for the position applied for.

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INTERESTS

Give details of spare-time activities.

REFERENCES

Please provide names, addresses and occupations of two referees (not relatives), preferably previous employers whom we may approach with regard to your application at an appropriate and later date after obtaining your permission.

Name.....

Name.....

Occupation.....

Occupation.....

Address.....

Address.....

Telephone No.....

Telephone No.....

DECLARATION: I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signed..... Date.....

FOR OFFICE USE ONLY

Application form evaluated by:..... Date.....

Comments.