



Registered Office:
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C H Contracting Job Application Form

Surname:	Forename(s):
Position applied for:	

Personal Details	
Home Address:	
Post Code:	
Home Tel No:	Mobile Tel No:
Date of Birth:	Gender: Male/Female
Do you hold a current driving licence? Yes/No	

Education (Continue on a separate sheet if insufficient space)		
Dates	School/College/University	Course and Qualifications Achieved

Employment History

(Please list the most recent employment first and continue on a separate sheet if necessary)

Dates From: To:	Employer's Name & Address	Position Held:
		Main duties and responsibilities:
		Reason for leaving:
		Wages/Salary:
Dates From: To:	Employer's Name & Address	Position Held:
		Main duties and responsibilities:
		Reason for leaving:
		Wages/Salary:
Dates From: To:	Employer's Name & Address	Position Held:
		Main duties and responsibilities:
		Reason for leaving:
		Wages/Salary:

What relevant skills can you bring to the post?

What relevant qualifications do you have?

Leisure and Other Interests

Health

Do you suffer or have you suffered from any serious illness that may affect your ability to perform your duties in this post? YES/NO

If YES please give details:

During the last two years have you been absent from work due to illness or accident? YES/NO
If YES please give details:

Are you registered disabled person (under the Disabled Persons Employment Act)? YES/NO

Criminal Convictions

Have you ever been convicted of a criminal offence? YES/NO

If YES give details:

Please give the names and addresses of two referees whom we may contact (preferably, one of the referees must be your current/last employer.

Referee 1

Name:

Address:

Telephone number:

Contact name:

Referee 2

Name:

Address:

Telephone number:

Contact name:

If you would like to give additional information in support of your application, please do so, on a separate sheet.

I CERTIFY THAT THE ABOVE INFORMATION IS A TRUE STATEMENT TO BE THE BEST OF MY KNOWLEDGE.

Signed: _____

Date: _____