Employment Application

PHOENIX
DENTAL CASTINGS
1 The Alpha Centre, Osprey Road
Sowton Ind. Estate, Exeter EX2 7LH
Tel: 01392 444456 Fax: 01392 445725
Oxford Lab, Tel: 01491 612013
Email: mail@phoenix-dental.co.uk
Website: http//:www.phoenix-dental.co.uk

Position applied for	Date of application
How did you first hear of this vacancy?	

Personal Details

Surname

Forename(s)

Home address

Telephone numbers:
Work
Home

Do you:
Own your home? ☐ Rent? ☐
Live with relatives? ☐ Board? ☐
Live with friends? ☐ Other ☐

How long have you lived there?

Marital status:
Single ☐ Engaged ☐ Marrried ☐
Separated ☐ Divorced ☐ Widowed ☐

Number of children ☐ Ages ☐

Is your spouse employed? ____
if 'yes' full or part time? ____
What kind of work?

Driving

Do you hold a current full UK driving licence? Yes ☐ No ☐ **If 'Yes', complete the remainder of this section**

What classes of vehicles are covered by your licence?

Are any driving prosecutions pending or are any fixed penalty fines in dispute? Yes ☐ No ☐

Has your licence ever been revoked? Yes ☐ No ☐

Is your licence endorsed with penalty points - if so, how many? Yes ☐ No ☐ ☐

Health

Are you aware of any health problems that might impair your ability to perform the duties involved in the position applied for? Yes ☐ No ☐ If 'Yes', give details:

Have you any chronic problems with your health? Yes ☐ No ☐ If 'Yes', give details:

In the last 12 months, how many days have you been absent from work because of sickness? ☐ Days If more than 10 days details:

Height | Weight | Are you pregnant?

How many cigarettes etc. do you smoke per day?

Are you, or have you ever been addicted to drugs? Yes ☐ No ☐

General

If offered this position how much notice would you have to give your present employer?

What holiday commitments do you have?

To what professional bodies or trade unions do you belong?

Do you have any friends or relatives employed by this company? Yes ☐ No ☐ If 'Yes', details:

Do you have any other commitments which might limit your working hours? eg. Judicial, Military or Local Government Yes ☐ Details: No ☐

Have you ever been dismissed from employment? If so, give details Yes ☐ Details: No ☐

Have you ever been convicted of a criminal offence? If so, give details Yes ☐ Details: No ☐

Do you have any part-time employment? If so, give details Yes ☐ Details: No ☐

Education

Dates		School / College / University	Examinations			
From	To		Date	Exam	Subject	Result

Employment record

Dates	Employer / Institution (give address)	Nature of business	Position(s) held	Duties
Last/present position **first** From Month Year To Month Year				
From Month Year To Month Year				
From Month Year To Month Year				
From Month Year To Month Year				
From Month Year To Month Year				

Other employment details

	Salary, bonus etc.	References	Reasons for leaving
	Starting Salary £ Bonus etc. £ Leaving/current Salary £ Bonus etc. £	Name of immediate superior on leaving Whom should we contact for a reference? address if different from 2nd column	
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Spare time activities

List all activities, including hobbies, undertaken since leaving secondary education

Name and description of organisation	When did you actively participate		Offices held	Average time given per week
	From	To		

What opportuities do you expect to find in this position that are not available with present employer?

What are your strengths?

What are your weaknesses?

What do you most and least enjoy doing?

Explain why you believe that you are qualified for this position and what your future plans and ambitions are.

Any other information you feel will support your application?

I understand that any offer of employment will be made on the basis of the information provided on this and any accompanying documents.

Signature Date

For office use only

Driving licence checked by:	Date:
References checked by:	Date:
References obtained from:	
Notes:	