



Application To Join Northern Accident Repair

Position applied for: _____

Date application received: _____

ABOUT YOU

Surname: _____

First Name(s): _____

Preferred Name: _____

Address: _____

Postcode: _____

Telephone Number Home: _____

(If convenient) Work: _____

Would you like to work Full or Part Time? _____

Do you possess a full driving licence: Yes No?

Points: _____

Do you need a work permit: Yes No

Which branch is this job based at?

What hours do you currently work?

Please indicate maximum number of hours you can work each week:

	From	To
Monday to Friday		
Saturday/Sunday		

Why would you enjoy working for Northern Accident Repair?

Where did you find out about the vacancy?

YOUR EDUCATION

Please indicate your current or most recent areas of study or schoolwork:

Subject	Where completed	Qualification(s) & Grade	Date Obtained

YOUR WORK EXPERIENCE

Please list the jobs you have held, starting with your current or most recent and working backwards:

Dates From	To	Full Company Name & Address	Job Title	Reasons for Leaving	Salary & Benefits

Please give more detail of any relevant job experience you have which you feel is important to your application

Period of notice required for your current employer: _____

YOUR HEALTH (If yes to any of these questions, please give details)

Have you:		Yes	No	Details
1.	Had any major illness/operations in the past 5 years?			
2.	Suffered from any skin complaints?			
3.	Any medical condition which requires medication?			

ABSENCE

DISABILITY

Days absent from work in your last year's work: _____ Do you have, or have you had a disability? Yes No

If absent, why? _____ If yes, please give details: _____

Where any absences connected with a disability? Yes No.....

HOW DO YOU DESCRIBE YOURSELF

The questions below are designed to let us know more about the type of work you enjoy and the kind of person you are.

What do you enjoy about your current/last job?

Please can you detail a time when you have given great customer service, or exceeded someone's expectations.

What do you consider to be your strengths/weaknesses?

What are your future ambitions in your work life?

YOUR PASTIMES

Now think about activities you take part in OUTSIDE OF WORK. List any NON-WORK activities you are involved in which you feel show important things about you and which would be useful for Northern Accident Repair. Even if you have doubts, write it down.

Activity	What it says about you/why you do it

YOUR ETHNIC ORIGIN

Northern Accident Repair is committed to equal opportunity. Selection or promotion is based on the applicant's suitability for the job. To help us monitor for this, please indicate your ethnic origin, by circling one of the following:

African Asian Caribbean Uk or Irish Other European Other (please specify) _____

YOUR REFERENCES

Please list two work references that Northern Accident Repair can contact to confirm you work history.

1	2

FINALLY

Have you:	Yes	No	Details
1. Been convicted of a criminal offence that is relevant to the job you are applying for?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Any prosecution pending?	<input type="checkbox"/>	<input type="checkbox"/>	

Did a friend or relative who currently works for Northern Accident Repair promote your application?

Friend or Relative

Please indicate which and give name: _____

Thank you for completing this form – we wish you well with your application. Before signing it, please be sure to read through carefully what you have written, and check that you have completed all sections. Your signature will be taken as:

1. Acknowledgement that all the information you have provided is complete, correct and not misleading.
2. Your authorisation for Northern Accident Repair to contact relevant authorities/organisations should it be needed to check any other information concerning your application to join us.
3. Your understanding and acceptance that if unsuccessful for this role we may retain for future alternative jobs and that your application may be shared with other managers at branches that are different to the one that you are applying for:

SIGNED: _____ **DATE:** _____

Once you have completed and signed this form – please return to
Halifax Accident Repair Centre, Saddleworth Road, Greetland, Halifax, HX4 8LZ