



Innovia Films Ltd - Station Road, Wigton, Cumbria, CA7 9BG, UK

GENERAL

APPLICATION FOR EMPLOYMENT

Please complete this form in ink or typescript, using BLOCK capitals and return to: Human Resources Department, Innovia Films Ltd, Wigton, Cumbria, CA7 9BG, UK

Position Applied For	
Department	
Available to take up post from	Wage / Salary expectation

From which source did you learn of the vacancy ?
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PERSONAL DETAILS

(Dr, Mr, Mrs, Miss, Ms) (please delete as appropriate) Surname	Forename(s)
Home Address	Address for Correspondence (if different from home address)
Post Code	Post Code
Home Telephone Number (including STD code)	Telephone Number (including STD code)
Mobile Telephone Number	

National Insurance Number	
Nationality	WRS / Work Permit No.

Please give date(s) on which you will not be available for interview, for example annual holidays
Period of notice required

Do you hold a current full driving licence ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you own a car/motorcycle ? (please delete as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you any current endorsements (give details)			

Are you eligible to work in the UK ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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Do you require a work permit ? Yes No If Yes, please give details below

Have you previously been employed by the Company ? Yes No
 If Yes, please give details below (dates employed, positions held etc)

If offered this position will you continue to work in any other capacity (including voluntary work) ? Yes No
 If Yes, please give details below

HEALTH

Current health status

Have you or have you ever had any of the following:

a serious operation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a serious illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a serious skin disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you smoke ? Yes No

Do you require any adjustment to working conditions to enable you to do your job? Yes No

If Yes, please give details below

Please give details of any sickness/absence from work which has occurred in the last 12 months

Number of occasions _____ Total number of days _____

Have any of these absences resulted from an accident Yes No

If yes, please give details:

EDUCATION AND QUALIFICATIONS

School(s)/Colleges etc attended from age 11	From	To

<u>SECONDARY EDUCATION</u>							
Subject	Level	Grade	Date	Subject	Level	Grade	Date

<u>FURTHER AND HIGHER EDUCATION (Including Apprenticeships)</u>			
Name of Establishment	Level	Subject/Trade	Date

<u>QUALIFICATIONS CURRENTLY BEING STUDIED FOR</u>			
Name of Establishment	Level	Subject	Expected Grade/Date

<u>PROFESSIONAL/EXTERNAL TRAINING/SPECIAL COURSES/GOVERNMENT TRAINING ETC</u>			
(continue on a separate sheet if necessary)			
College/Institute	Qualification	Level	Date(s)

<u>MEMBERSHIP OF PROFESSIONAL BODIES/ORGANISATIONS</u>		
Name of Body	Grade/Level/Position	Registration Date

GENERAL

Please outline your interests outside work (membership of clubs, organisations, any spare time offices etc). Include any positions of responsibility held.

Languages spoken and degree of fluency, if applicable

Have you ever been convicted of a criminal offence? (Declaration subject to the rehabilitation of offenders act 1974) Yes No
If yes give details

REFERENCES

Please give details of two referees, one of whom should be your current or most recent employer.
Have you any objection to your referees being contacted? Yes No
If Yes, no contact will be made without your prior permission.

Name/Title	Name/Title
Address	Address
Telephone Number (including STD code)	Telephone Number (including STD code)
E-Mail Address:	E-Mail Address:
Relationship/Occupation	Relationship/Occupation

Declaration

I understand that any offer of employment will be subject to satisfactory references and completion of a medical, the results of which are satisfactory to the Company.
I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement, or essential facts concealed, may be sufficient cause to disqualify my application, or if employed, lead to my dismissal.
Signature _____ Date _____