



REGENCY EDWARDS
PROPERTY MANAGEMENT

Dear Candidate,

Re: Job Application

Please find attached an application form, please read the following information before completing the form.

We require the following information in order for us to process your application for employment; we need to check your employment history from the previous 3 years. Full details of previous employment, including contact names and addresses will be required. Should there be any gaps in your employment due to changing jobs or unemployment, please give details of the Benefits Office you were registered at. Alternatively, please provide names and addresses of unrelated professional people who can confirm your status at the time in question.

If self-employed name and address of accountant;

Two personal referees – We require contact details of two people who have know you for a period of time, who are unrelated and have not provided an employment reference. Please seek permission before providing us with this information.

Criminal Offences – you will be required to state any criminal proceedings that have been taken against you. You can ignore parking fines.

Any convictions that are classed as spent convictions, do not have to be declared.

Upon receipt of your completed application form, we then shortlist applicants,

If after this stage you are successful, and Regency Edwards Property Management Limited is satisfied with the information provided, a position within the company may be offered, subject to a 3 month probationary period.

Good Luck with your application.

APPLICATION FORM

Title:	
Surname (or family name):	
First Names (in full):	
Date of birth:	
Contact Address:	
Postcode:	
Home Telephone Number (including Area Code):	
Work Telephone Number (including Area Code):	
Mobile Telephone Number:	
E-mail Address:	
National Insurance Number:	
Position Applied for:	
How did you find out about the vacancy?	
Do you know any Pixie Dusters Employee?	
Do you own your own transport?	
When are you available to start working?	
Please give details of any holidays booked:	
UNIFORM SIZES	Polo Shirt Size: Apron Size: S / M / L / XL/ XXL/ XXL

EMPLOYMENT RECORD

Please indicate your employment history, starting with your most recent, ensuring there are no gaps. Where there are gaps please state reason for this. If you were claiming benefits e.g. Jobseekers Allowance, please provide dates and name of benefits office.

Employer Details	
Position Held & Main Duties	
Reason for Leaving:	
From Month/Year:	
To Month/Year:	
Contact Name:	
Address:	
Tel No:	
Currently Salary:	
Employer Details	
Position Held & Main Duties:	
Reason for Leaving:	
From Month/Year:	
To Month/Year:	
Contact Name:	
Address:	
Tel No:	
Currently Salary:	

HEALTH/MEDICAL HISTORY

How many days have you been absent from work through illness or injury in the last 12 months? Please give details.

Do you have a health problem or disability which is relevant to your job application? If Yes please give details of your health problem or disability.

Are you registered disabled? Yes No

Do you need any special facilities to help you perform the job? If yes please give details.

Yes No

CRIMINAL CONVICTIONS

Other than as a witness, have you ever appeared or are you due to appear before a court or have you ever received an official Police Caution, or been placed on Police Bail or are you subject to any on-going police enquiries? If so, please give details.

Not Applicable

DECLARATION

I certify that I have personally completed this application form and give Regency Edwards permission to confirm the information I have provided. I understand to give false or misleading information to obtain employment provides grounds for dismissal if my application has been accepted.

If I am successful in my application I agree to the following: -

I will abide by all the company rules and conditions.

I agree to be photographed or produce a photograph for ID purposes.

I will attend all Company training courses.

You should be aware that the screening process is likely to include the processing and storing of sensitive data (as defined in the Data Protection Act 1998). The Company takes the necessary steps to safeguard the confidentiality of the personal data obtained and processed through the screening process. The documents you provide to confirm proof of identity and residence may be checked using ultra violet scanner or other method to deter identity theft and fraud, any documents that appear to be forgeries will be reported to the relevant authorities.

I agree that by signing this form I consent to:

The Company approaching any government agency, former employers, places of education and personal referees to verify the information given (please note that your present employer will not be approached until you give permission for us to do so).

Signature of Applicant

Print Name:.....

Date:...../...../.....

HEALTH QUESTIONNAIRE

Please circle answer relevant to yourself

Have you ever suffered from any occupational disease? (if so please give details)

Yes No

Have you ever been dismissed/retired due to ill health? (if so please give details)

Yes No

Have you ever had any of the following? Please circle

Typhoid, dysentery, hepatitis, jaundice or severe diarrhoea? Yes No

Chronic eye trouble, eye injury or visual defect not corrected by glasses or contact lenses? Yes No

Painful/running ears or a hearing defect? Yes No

Hayfever, asthma, bronchitis, pneumonia or tuberculosis? Yes No

Heart or circulatory trouble, chest pain. Breathlessness palpitations or ankle swelling? Yes No

Raised Blood Pressure? Yes No

Bladder or kidney trouble? Yes No

Back or neck trouble? Yes No

Rheumatism or arthritis? Yes No

Blackouts, fainting attacks, epilepsy or dizzy spells? Yes No

Skin trouble or rashes? Yes No

Sensitivity or allergy to medication or other substances Yes No

Diabetes, thyroid or other gland trouble? Yes No

Nervous or mental trouble or 'nerves' (including debility, anxiety, depression, anorexia

nervosa or phobias)? Yes No

Stomach trouble or indigestion for more than a few days, chronic or repeated bowel disturbances? Yes No

Do you smoke? If so have many on average per day _____ Yes No

Do you drink alcohol? If so on average how many units per week _____ Yes No

Is there any other medical information about you, which you think could effect your employment that is not included in the above questions? (e.g. physical fitness)

Yes No

Declaration

I declare to the best of my knowledge that the information contained in this application form is true and accurate. I understand that any false declaration may render me liable to dismissal.

Name (print):

Date:/...../.....

Signature:

THANK YOU AND GOOD LUCK!