

C&D Services (UK) Ltd

Accident Repair Specialists

Application Form

Position Applied For:	
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Applicant Details		
Title	First Name(s)	Surname

Home Address	
	Postcode

Telephone Numbers
Home:
Mobile:
E-Mail Address:

Do You Hold a Full UK Driving License?	Yes/No
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Do You Have any endorsements on your license?	Yes/No
If Yes Please give details:	

Are there any restrictions regarding your employment? e.g. Do you require a work permit?	Yes/No
If Yes Please give details:	

How much notice do you have to give your current employer?	
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Education

Please tell us about your education and qualifications which you feel are relevant to the post.

Secondary Education

School	From	To	Qualifications gained stating subjects, grades and dates

Further Education

School	From	To	Qualifications gained stating subjects, grades and dates

Please List any other experience/Qualifications or skills you may have that you feel are relevant to your application.

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Employment History

1. Current/Most recent employer

Name of Company:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/Changing:

2. Employer/Organisation

Name of Company:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/Changing:

References

Please give name, address and position/occupation of two referees. One must be your present or most recent employer.

1.

Name:

Position:

Organisation:

Address:

Telephone No.

EQUAL OPPORTUNITIES MONITORING FORM

C&D Services (UK) Ltd is committed to a policy of Equal Opportunities in Employment. One of the aims of this policy is to ensure that discrimination on the grounds of race or sex, or disability is avoided. To ensure that this policy is fully and fairly monitored would you please complete this form and return it with the application form. The information collected will form a confidential statistical record which will not be used for any purpose other than the Companies policy on Equal Opportunity.

Post applied for

Date of Birth

D	D	M	M	Y	Y

Please mark with an 'x' the boxes which most closely describe you

I am female male

<input type="checkbox"/> White - British	<input type="checkbox"/> Asian or Asian British - Bangladeshi
<input type="checkbox"/> White - Irish	<input type="checkbox"/> Chinese or other Ethnic background - Chinese
<input type="checkbox"/> Other White Background	<input type="checkbox"/> Other Asian Background
<input type="checkbox"/> Black or Black British - Caribbean	<input type="checkbox"/> Mixed - White and Black Caribbean
<input type="checkbox"/> Black or Black British - African	<input type="checkbox"/> Mixed - White and Black African
<input type="checkbox"/> Other Black Background	<input type="checkbox"/> Mixed - White and Asian
<input type="checkbox"/> Asian or Asian British - Indian	<input type="checkbox"/> Other Mixed Background
<input type="checkbox"/> Asian or Asian British - Pakistani	<input type="checkbox"/> Other Ethnic background

Disability

Definition: The Disability Discrimination Act 1995 defines a disabled person as one who has physical or mental impairment which has substantial and long term adverse effect on his/her abilities to carry out normal day to day activities.

Do you have a disability? YES NO

If yes, what is the nature of your disability?

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