



Staff Application Form

Williams Giles Professional Services Ltd Staff Application For Employment

Return the completed form to:
Williams Giles Professional Services Ltd
12 Conqueror Court
Sittingbourne
Kent
ME10 5BH

Position applied for:	
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Part A: Personal Details

Title:	
Forename(s):	Surname:
Home address:	
	Post Code:
Previous address if moved in the last 5 years:	
	Post Code:
Home Tel No:	Work Tel No:
Email Address:	Mobile Tel No:

Are you entitled to work in the UK?
National Insurance Number:
Next of Kin:

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Part B: Education and Training

Please supply details of second/third level education. Indicate with * where studies were not full time.

Secondary School/College/University	From/To	Examinations passed including subjects and grades

Post Graduate Qualifications:

College/University/Polytechnic	From/To	Award – Ph.D/ Diploma etc.

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Part C: Employment History

Name & address of present employer:		
	Post Code:	
Nature of Business:		
Date appointed:	Present position:	
If post is graded, what is the present maximum salary grade: £		
Present Salary: £	Date of next salary review:	
Do you have a bonus scheme: Yes / No	Pension Scheme: Yes / No	Company Car: Yes / No
Other benefits (please specify):		

Please outline your present responsibilities:

Employment History (in reverse chronological order)

Employer, Address, & Business	Position held and salary	From/To	Reason for leaving

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Membership of Professional Bodies: indicate with * where entry was not by examination.

Name of Professional Body	Year of Entry	Grade of Membership

Additional Training: Course attended during previous employments.

Date	Course title	Brief details of course and organiser

Other information: Any other qualification or skills e.g. foreign languages, which may be relevant to this job application.

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Part E: References

Please nominate two referees one of whom should normally be a current or previous employer.

1 Name:	2 Name:
Address:	Address:
Post Code:	Post Code:
Occupation:	Occupation:
Contact Tel No:	Contact Tel No:

I understand that references will not be sought without permission.

I declare to the best of my knowledge, the information contained on this form is correct. I understand that any false statement may disqualify me from employment or render me liable for dismissal.

Signature:	Date:
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