

HUMAN RESOURCES
 FAIRCLOUGH HOUSE
 CHURCH STREET
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APPLICATION FORM (AF1)						
PERSONAL DETAILS	POSITION APPLIED FOR			WHERE DID YOU HEAR OF THIS VACANCY		
	TITLE (Please circle)		FORENAME		SURNAME	
	MR / MRS / MISS / MS					
	ADDRESS			CONTACT DETAILS		
				HOME TELEPHONE: MOBILE TELEPHONE: WORK TELEPHONE: EMAIL: MAY WE CONTACT YOU AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>		
EDUCATION & QUALIFICATIONS	FROM	TO	SCHOOL/COLLEGE/UNIVERSITY	EXAMINATIONS/COURSES	DATE	GRADE
	PLEASE CONTINUE ON ADDITIONAL SHEET IF REQUIRED					
ELIGIBILITY	DO YOU REQUIRE A WORK PERMIT?			IF YES, DO YOU CURRENTLY HOLD A VALID WORK PERMIT?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EMPLOYMENT HISTORY	NAME & ADDRESS OF LAST/CURRENT EMPLOYER	DATES FROM / TO	SALARY	JOB TITLE	REASON FOR LEAVING	
	BRIEF SUMMARY OF RESPONSIBILITIES					
	DO YOU HAVE A NOTICE PERIOD?			IF YES, HOW LONG IS YOUR NOTICE PERIOD?		
	YES <input type="checkbox"/>			NO <input type="checkbox"/>		
	PREVIOUS EMPLOYERS	DATES FROM / TO	POSITION & RESPONSIBILITIES	SALARY	REASON FOR LEAVING	
ADDITIONAL INFORMATION	PLEASE INDICATE WHY YOU ARE APPLYING FOR THIS POST AND WHAT PARTICULAR SKILLS AND QUALITIES YOU WOULD BRING TO THE JOB. YOU MAY REFER TO SKILLS GAINED FROM ACTIVITIES OUTSIDE OF THE WORKPLACE IF THEY ARE RELEVANT TO THE ROLE. (Please attach additional sheet if required)					

EMERGENCY CONTACTS		PLEASE GIVE DETAILS OF TWO PEOPLE WHO WE CAN CONTACT IN THE CASE OF AN EMERGENCY	
EMERGENCY CONTACTS	NAME:	NAME:	
	RELATIONSHIP:	RELATIONSHIP:	
	ADDRESS:	ADDRESS:	
	POSTCODE:	POSTCODE:	
	HOME TELEPHONE:	HOME TELEPHONE:	
	WORK TELEPHONE:	WORK TELEPHONE:	
MOBILE TELEPHONE:	MOBILE TELEPHONE:		
REFERENCES		PLEASE GIVE NAMES AND ADDRESSES OF TWO REFEREES (WHO SHOULD NOT BE RELATED TO YOU) WHO MAY BE APPROACHED IN CONNECTION WITH YOUR APPLICATION. THE REFEREES MUST BE TWO OF YOUR MOST RECENT EMPLOYERS.	
REFERENCES	REFEREE ONE	NAME:	FAX NUMBER:
		COMPANY:	EMAIL ADDRESS:
		POSITION:	IN WHAT CAPACITY DO YOU KNOW THE REFEREE?
	ADDRESS:		
	POSTCODE:	MAY WE REQUEST A REFERENCE PRIOR TO INTERVIEW? YES <input type="checkbox"/>	NO <input type="checkbox"/>
	TELEPHONE NUMBER:		
	REFEREE TWO	NAME:	FAX NUMBER:
		COMPANY:	EMAIL ADDRESS:
		POSITION:	IN WHAT CAPACITY DO YOU KNOW THE REFEREE?
ADDRESS:			
POSTCODE:	MAY WE REQUEST A REFERENCE PRIOR TO INTERVIEW? YES <input type="checkbox"/>	NO <input type="checkbox"/>	
TELEPHONE NUMBER:			
REFEREE THREE	NAME:	FAX NUMBER:	
	COMPANY:	EMAIL ADDRESS:	
	POSITION:	IN WHAT CAPACITY DO YOU KNOW THE REFEREE?	
ADDRESS:			
POSTCODE:	MAY WE REQUEST A REFERENCE PRIOR TO INTERVIEW? YES <input type="checkbox"/>	NO <input type="checkbox"/>	
TELEPHONE NUMBER:			

