



## EMPLOYMENT APPLICATION FORM

Please complete the appropriate sections below **in writing** and return as soon as possible to our Head Office, 79/81 South Street, Bishop's Stortford, CM23 3AL, for the attention of Sally Payne.

**JOB POSITION:** \_\_\_\_\_

### PERSONAL DETAILS:

**Surname:** \_\_\_\_\_ **Forenames:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Telephone - Private:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Are you a car owner?** Yes/No **Is it automatic only?** Yes/No

**Have you a current driving licence?** Yes/No **Is it endorsed?** Yes/No

**If endorsed, please specify number of points & dates if known:**

**Salary expected:** \_\_\_\_\_ **Current salary:** \_\_\_\_\_

**Notice required by present employers:** \_\_\_\_\_

### HEALTH & SAFETY:

**Funeral Staff: As a Health & Safety requirement the following information is requested.**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

## PERSONAL REFERENCES

Please give details of two previous employers (or persons known to you) whom we could approach for references.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

## EDUCATION & TRAINING (only complete if you have not attached a C.V. with this information included)

Schools:	From:	To:	Examinations Taken & Results:
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Further Education (state whether full-time, day release, evening): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Qualifications: \_\_\_\_\_

\_\_\_\_\_

Hobbies, Interests and Voluntary Work: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Employed to/from	Name and address of employer	Position Held and Main Duties

If, in any section, you find there is insufficient space for your answer, kindly use a separate sheet of paper giving the appropriate heading.

I declare that, to the best of my knowledge, the details on this Form are true at the time of completion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please feel free to attach a C.V. to support your application, if you have one.

Head Office: 79/81 South Street, Bishop's Stortford, Hertfordshire, CM23 3AL  
01279 655477