

# SHERIDAN

## APPLICATION FORM

CLOSING DATE: \_\_\_\_\_

Which position are you applying for? \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

Please mark with an "X" the days and times when you are available to work

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

### PERSONAL DETAILS:

Title: Mr / Mrs / Miss / Ms\* (Delete those not applicable)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

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

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

National Insurance No: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_

Are you a British Citizen: YES / NO

If no, do you hold a current work permit:  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION AND TRAINING:**

Name of school / college / university / course	Dates	Qualifications and grades

**DETAILS OF OTHER RELEVANT TRAINING AND QUALIFICATIONS:**

Do you hold a full driving licence?      **YES / NO**

Do you have use of a car?                **YES / NO**

Have you ever been convicted of any offence, including Road Traffic, other than a spent conviction, under the Rehabilitation of Offenders Act 1974?    **YES / NO**

If yes, please give details:

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**EMPLOYMENT HISTORY:**

Dates (from / to)	Current (or last) employer and address	Position, summary of role, current salary and benefits and reason for leaving

Dates (from / to)	Previous employers and their addresses	Position, summary of role and reason for leaving

If there are any gaps in your employment history, please provide details here:

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**PLEASE ANSWER ALL OF THE FOLLOWING TO SUPPORT YOUR APPLICATION:**

What do you think will be your main priorities in this role?
Why do you think you are the best candidate for this job?
What do you consider to be your greatest achievement? ( Your answer may be personal or work related)
Please detail here anything else you would like to tell us to support your application.

**DECLARATION**

When you have completed this form please return it to:

I hereby confirm that the information given in this Application Form is true. I understand that this information will be used to assess my suitability for employment. I understand that any offer of employment will be made subject to satisfactory references, a health check and evidence of my qualifications. I understand that if any information given in this form is untrue, my employment may be terminated.	
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**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Please note: If you have not been contacted within 3 weeks of applying please presume your application has been unsuccessful.**

**Sheridan UK Limited**

Registered Office: Unit 1, Stretton Green Distribution Park, Langford Way off Barleycastle Lane, Appleton, Warrington, Cheshire WA4 4TQ