EMPLOYMENT APPLICATION FORM



WHICH DIVISION OF THE COMPANY ARE YOU APPLYING TO: (Please circle one)											
AFS / AFF / AFP / VAR											
	PERSONAL D	ETAILS									
SURNAME		TITLE									
FIRST NAME(S)											
HOME ADDRESS											
EMAIL ADDRESS		<u>, </u>									
DAYTIME TELEPHONE NO:	EVENING TELEPHONE NO: MOBILE TELEPHONE NO:										
POSITION APPLIED FOR:											
ARE YOU RELATED TO ANY AF SWITCHG	EAR GROUP E	MPLOYEE	YES	NO							
NAME OF PERSON	IF YES NA	ATURE OF RELATIONS	SHIP								
CURRENT	OR MOST REC	ENT EMPLOYMENT									
POST TITLE											
START DATE	L	EAVING DATE									
SALARY & BENEFITS											
REASON FOR LEAVING											
EMPLOYER'S NAME AND ADDRESS											
NOTICE PERIOD:											
DESCRIBE THE MAIN DUTIES & RESPONS		OUR PRESENT/MOST	RECENT	POSITION							
If paid subcontractor then please name ag	ent / agency:										

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	PREVIOUS EMPLOYMENT (exclude current or most recent)									
EMPLOYER'S NAME AND ADDRESS										
If naid subcontractor than places name as	ont / agoney:									
If paid subcontractor then please name agent / agency:										
DOOLTION LIEUD	SITION HELD: START DATE LI									
POSITION HELD:	LEAVING DATE									
BRIEF DESCRIPTION OF MAIN DUTIES AN	D REASON FOR LEAVING									
EMPLOYER'S NAME AND ADDRESS										
If paid subcontractor then please name ag	ent / agency:									
POSITION HELD:	START DATE	LEAVING DATE								
BRIEF DESCRIPTION OF MAIN DUTIES AND REASON FOR LEAVING										
EMPLOYER'S NAME AND ADDRESS										
EMPLOYER'S NAME AND ADDRESS										
EMPLOYER'S NAME AND ADDRESS										
EMPLOYER'S NAME AND ADDRESS										
EMPLOYER'S NAME AND ADDRESS If paid subcontractor then please name ag	ent / agency:									
	ent / agency:									
If paid subcontractor then please name ag										
	ent / agency:	LEAVING DATE								
If paid subcontractor then please name ag	START DATE	LEAVING DATE								
If paid subcontractor then please name ag	START DATE	LEAVING DATE								
If paid subcontractor then please name ag	START DATE	LEAVING DATE								
If paid subcontractor then please name ag	START DATE	LEAVING DATE								
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If paid subcontractor then please name ag	START DATE	LEAVING DATE								
If paid subcontractor then please name ag	START DATE	LEAVING DATE								

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EDUCATION (SECONDARY, FURTHER/HIGHER)											
SCHOOLS, COLLEGES,	DATES (MONTH/	YEAR)	QUALIFICATIONS GAINED,								
UNIVERSITIES OR INSTITUTES OF FURTHER EDUCATION	FROM	то	INCLUDING SUBJECTS, GRADES OR RESULTS								
ATTENDED	FROW	10	EXPECTED.								
DETAIL C OF ANY PROFESSIONS		QUALIFICATIONS	DOLLID OF DDOFFFOOLOUGH								
DETAILS OF ANY PROFESSIONAL ASSOCIATIONS.	QUALIFICATIONS	AND/OR MEMBE	RSHIP OF PROFFESSIONAL								
E	XPERIENCE/SUIT/	ABILITY/INTEREST	-S								
PLEASE OUTLINE YOUR EXPERIE	NCE, SUITABILITY	' AND INTEREST II	N THIS POSITION								
Shortlisting and selection will be base											
these requirements in your application, drawing on experience at work or in a voluntary capacity.											
PLEASE GIVE DETAILS OF TWO R		ENCES WHICH MUST BE	YOUR CURRENT/MOST RECENT								
EMPLOYER:	LI LICLES ONE OF	William Moor BE	TOOK GOKKENT/MOOT REGENT								
COMPANY NAME:		COMPANY NAME	<u>:</u>								
NAME OF REFEREE:		NAME OF REFER	REE:								
POSITION HELD:		POSITION HELD:	:								
ADDRESS:		ADDRESS:									
TELEPHONE NUMBER:		TELEPHONE NU	MBER:								
NATURE OF RELATIONSHIP:		NATURE OF REL	ATIONSHIP:								
AGENCY:		AGENCY:									

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MONITORING INFORMATION																			
PLEA 1	ASE TICK THE APPROPRIATE BOXES YOUR GENDER IS MALE						l F	FEMALE											
	YOUR AG																		
2	GROUP IS		16-29		30-44					45-65	5			65+	١				
3.	DO YOU CONSIDER YOURSE (Please indicate any special a you may require if selected fo					ssistance that			,	YES			NO						
4 ETHNIC ORIGIN (Please tick only one of the boxes below.)																			
	White British	English			Scottish			١	Welsh			Irish			Other		er		
	Mixed	White & Caribbe				White & Asian			White & Blac African		ck	Other Mixed Ba		ackg	round				
	Asian or A British	sian	Indiar	1		Pakistani Ban			Ban	glades	hi Othe			r Asian Background					
	Black or B British	Black	Carib	bea	n African							Other Black Background							
	Chinese o Ethnic Gro		Chine	se					Background pecify)										
						Data	Pro	tect	tio	n Act	1998								
Monitoring of ethnic origin, race, sex or disability by the Company is a necessary element of an established programme for the promotion of equality of opportunity and the elimination of discrimination or where it is otherwise needed because of some special feature of a particular job. Asylum and Immigration Act It will be a condition prior to employment that evidence regarding eligibility to work in the United																			
Kingo	dom is provi ance Card o	ided. This	evider	ıce	cou endo	ıld in orsed	clud pas	e a l spo	Bi ort.	rth Ce	rtificat	e, P							
PIFΔ	SE COMPL	FTF THIS	SECTION	ON						Offenc			:ON	VICTIC	N W	HICI	H IS	NOT	
PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE A CRIMINAL CONVICTION WHICH IS NOT CONSIDERED AS SPENT UNDER THE REHABILITATION OF OFFENDERS ACT. Disclosure of a conviction does not automatically exclude applicants from consideration. The offence will be taken into Account if it is considered to be one which would make you unsuitable for the type of work to be done. AF Switchgear welcomes applications from ex-offenders as part of its equal opportunities policy. The information you provide will be treated as strictly confidential and will be considered only in relation to																			
the job you are applying for.																			
Nature of Offence(s) Date Sentence Passed																			
Sentence(s) or Order(s) given by the Court.																			
Name and Address of Court.																			