



Application Form

Please ensure that all parts of the application are completed in BLOCK CAPITALS

Position Applied For:

Forename(s):	Surname:
National Insurance number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Address including Postcode:	
Email:	Mobile No:
.....	Home Tel:
For compliance of the Working Time Directive, please indicate which age bracket you fall into: Under 16 <input type="checkbox"/> 16-17 <input type="checkbox"/> 18+ <input type="checkbox"/>	
Eligibility to work in the UK & Ireland: You must bring the original documentation if invited to an interview as evidence of your entitlement to work in this country. Failure to do so will invalidate your application. <i>Please confirm which of the following you have:</i>	
<input type="checkbox"/> British Passport or UK birth certificate & letter	<input type="checkbox"/> Certificate of registration / naturalisation as a British Citizen
<input type="checkbox"/> Passport showing right to live & work in the UK	<input type="checkbox"/> EEC passport or identity card plus required work registration letter
<input type="checkbox"/> Non-European passport with relevant work visa	<input type="checkbox"/> Any other document that supports your eligibility to work in the UK

Skills and Experience:

Tell us the qualities you have that will make you suitable for the role.

Education:

Name & address of school or college	Qualification achieved or being studied

Previous Employers:

Name of employer and type of business:	Position:	Rate of pay:	Dates of employment:
What were your duties?		Reason for leaving:	
Manager's Name:	Telephone no:	Email:	

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What were your duties?		Reason for leaving:	
Manager's Name:	Telephone no:	Email:	

Any further experience or training:

Gaps in Employment

Length of gap:	Between which employers:	Reason:

Relatives working at ABLE:

Name of relative:	Job title:	Relationship to relative:

Driving Licence:

Do you hold a full UK driving licence?

YES NO

References:

Please give us the names of 2 people (not related to you), who can be contacted to provide a reference for you. At least one should be work related. If this is your first job, please give a tutor / lecturer's name.

Name:	Telephone Number:	Email:	How do you know this person?

Declaration:

My signature confirms that all the information given on this application form is true and complete. I understand that any falsification or deliberate omissions may disqualify my application or lead to my dismissal. I confirm that I am entitled to work in the UK & Ireland and can provide original documentation to confirm this. I understand that my employment is subject to references that are satisfactory to Able UK Ltd.

Signed:

Date: