



Please complete and return to the
HR Department at West Bromwich



APPRENTICE APPLICATION FORM

Private and Confidential
Please use **BLOCK CAPITALS**

Position Applied for:	Source of Application (Newspaper advert etc):
PERSONAL DETAILS	
SURNAME:	
FIRST NAME(S):	CURRENT SALARY/HOURLEY RATE: £
TITLE: MR/MRS/MISS/MS/OTHER	MARITAL STATUS:
ADDRESS:	
.....	
..... Postcode	
HOME TELEPHONE NUMBER (with STD code):	
MOBILE TELEPHONE NUMBER:	
EMAIL ADDRESS:	
Nationality:	
In reference to the Asylum & Immigration Act 1996, are you a foreign national covered by the act? YES/NO	
Do you have a permit to Work in the UK? YES/NO	





Do you know anyone who already works for this company, if so whom (state relationship, if any):

.....

If you have worked for this company before, please give details and your reason for leaving:

.....

Do you have a current driving licence: YES/NO

Do you have any endorsements? (do not include parking offences): YES/No (If yes, give details):

.....

.....

.....

.....



HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?

This declaration is subject to the Rehabilitation of Offenders Act 1974. If in doubt please seek professional advice before completing this section

EMPLOYMENT OR WORK EXPERIENCE HISTORY

List below present and past employment, beginning with the most recent first (use separate sheet of paper if there is not enough room here):

Company Name & Address	From	To	Type of work undertaken/ Job Position & reason for leaving	Salary/ Pay	Referee Name & Address



EXAM GRADES				Grade
Name of school or college	From	To	Qualification	(Please confirm whether confirmed or expected)
<p>If there are any companies you do not wish us to contact, please list them here and explain why:</p>				
<p>Please outline the skills and experience you have gained through paid employment and other work activities and interests which are relevant to your application:</p>				
<p>List any memberships of professional bodies, trade unions etc & qualifications (inc HGV, forklift truck licence etc):</p>				



Declaration

I declare that the information contained in this form and the Medical Questionnaire is, to the best of my knowledge, correct.

I have revealed all my convictions except any which are classified as "spent" under the Rehabilitation of Offenders Act. I also authorise the employer to obtain disclosure information under Section 122 of The Police Act 1977 and the Code of Practice on Disclosure information via the criminal Records Bureau.

I authorise the company to obtain reference and release the company and references from any liability caused by giving & receiving false information.

I understand that false statements I have knowingly made will, if I am employed, make me liable to disqualification and to immediate dismissal.

Signature: Date:

Do not sign if you have not read or do not understand the above.