

**Nationwide Crash Repair Centres**

**APPLICATION FOR EMPLOYMENT**

*Please complete in pen or biro*

*All information will be treated as strictly confidential*

\*Delete as necessary

Position applied for ..... Availability .....

Where did you learn of this vacancy? .....

Surname ..... Forenames .....

Address .....

.....

.....

\*Home owner/Tenant/Living with relatives. How long have you lived at this address?.....

Previous address if less than 6 months .....

Telephone: Home ..... Work .....

Date of Birth ..... Nationality .....

Any relatives work/worked for the NCRC or Perry Group ? .....

Have you worked for the NCRC/ Perry Group previously? \*YES/NO Position .....

Are you a member of a professional body or trade union ? \*YES/NO If yes, give name .....

Do you have any current convictions (do not include spent convictions).

\*YES/NO If yes, please give details .....

Do you own a car? \*YES/NO Clean Driving Licence? \*YES/NO

Driving Licence No. .... Vehicle Groups Covered .....

Driving Licence Endorsements ..... No. of points .....

Date ..... Offence Code .....

**PERSONAL REFERENCE**

Please give details of one person (not a relative) whom we may approach after obtaining your permission

Name ..... Occupation .....

Address .....

.....

..... Telephone Number .....

**INTERESTS**

Please give brief details of pastimes, hobbies, sports etc.,

.....

.....

.....

## EDUCATIONAL RECORD

School (Name & Address)                      From Month/ Year                      To Month/Year                      Exam Results

1. ....  
 .....  
 .....

2. ....  
 .....  
 .....

College/University (Name & Address)    From Month/Year                      To Month/Year                      Exam Results

1. ....  
 .....  
 .....

2. ....  
 .....  
 .....

Other educational or professional qualifications .....

Any other skills or experience you feel are relevant?.....

## HEALTH

Name of Doctor ..... Address .....

How much time have you lost from work because of illness in the last two years? .....days

Your general state of health \* Good/Average/Below Average

Do you smoke? \*YES/NO (*Please note we actively discourage smoking in the presence of customers* )

Are you now or have you ever suffered from any of the following? (If yes please give details)

Heart Disease	*Yes / NO	Deafness	*Yes / NO
Raised Blood Pressure	*Yes / NO	Ulcers	*Yes / NO
Varicose Veins	*Yes / NO	Any other persistent/ serious illness	*Yes / NO
Bronchitis/Asthma/TB	*Yes / NO	Mental illness/Nervous Breakdown/Depression	*Yes / NO
Back Problems, Slipped Disc, Sciatica	*Yes / NO	Please answer the following questions	
Skin Disease, Allergy	*Yes / NO	Do you have a drugs or alcohol record?	*Yes / NO
Diabetes	*Yes / NO	Are you currently undergoing medical treatment	*Yes / NO
Migraine, Blackouts, Epileptic Fits	*Yes / NO	Do you need to wear glasses or contact lenses	*Yes / NO
Comments	.....		

**APPLICANTS MAY BE REQUIRED TO ATTEND A MEDICAL EXAMINATION BY DOCTOR (S) ACTING ON BEHALF OF THE COMPANY AT ANY TIME PRIOR TO, OR DURING, EMPLOYMENT.**

## EMPLOYMENT HISTORY

1. Employer ..... Type of Business .....  
Address .....  
.....  
Position Held ..... Final Salary .....  
Responsibilities .....  
.....  
From Month..... Year ..... To Month..... Year.....  
Reason for leaving .....

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2. Employer ..... Type of Business .....  
Address .....  
.....  
Position Held ..... Final Salary .....  
Responsibilities .....  
.....  
From Month..... Year ..... To Month..... Year.....  
Reason for leaving .....

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3. Employer ..... Type of Business .....  
Address .....  
.....  
Position Held ..... Final Salary .....  
Responsibilities .....  
.....  
From Month..... Year ..... To Month..... Year.....  
Reason for leaving .....

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4. Employer ..... Type of Business .....  
Address .....  
.....  
Position Held ..... Final Salary .....  
Responsibilities .....  
.....  
From Month..... Year ..... To Month..... Year.....  
Reason for leaving .....

To the best of my knowledge, the facts set forth are true and complete. (Any false statement made knowingly could result in termination of application, or employment).

Signature..... Date .....

**NO APPLICATION FOR REFERENCES WILL BE MADE TO CURRENT OR PREVIOUS EMPLOYER WITHOUT CONSENT**

**FOR COMPANY USE ONLY**

**1st Interview** Date..... Interviewed by .....  
Occupational Test Score ..... Background..... Compatibility.....  
Appearance..... Persistence..... Achievement.....  
Strengths..... Weaknesses..... Maturity.....  
Other comments .....

**2nd Interview** Date ..... Interviewed by.....  
Comments .....

**1st Telephone Reference Check** with ..... Date.....  
Comments.....

**2nd Telephone Reference Check** with ..... Date.....  
Comments .....

**Qualifications & Examinations certificates** seen by .....  
Employed as ..... At.....  
Driving Licence: seen by..... Date.....  
Photocopy attached \*YES / NO  
To commence ..... Rate of Pay .....

**Company Secretary: Equifax Check** Actioned by ..... Date.....

**FOR SALARY PAYMENT PURPOSES**

Bank/ Building Society/Giro Account No. .... Sort Code.  
Name of Bank/Building Society.

**Authorised by.** ..... **(General Manager) Date**.....

**REVIEWS TO BE UNDERTAKEN BY GENERAL MANAGER IN PERSON**

**3 MONTH REVIEW** Date.. ..... **6 MONTH REVIEW** Date .....

\*Circle as necessary **1. Unacceptable 2. Fair 3. Average 4. Above Average 5. Exceptional**

Quality of work **1 2 3 4 5**

Quality of work **1 2 3 4 5**

Personal Appearance **1 2 3 4 5**

Personal Appearance **1 2 3 4 5**

Time keeping **1 2 3 4 5**

Time keeping **1 2 3 4 5**

Knowledge of Job **1 2 3 4 5**

Knowledge of Job **1 2 3 4 5**

Reliability **1 2 3 4 5**

Reliability **1 2 3 4 5**

People Skills **1 2 3 4 5**

People Skills **1 2 3 4 5**

Leadership **1 2 3 4 5**

Leadership **1 2 3 4 5**

**Signed** ..... **Signed** ..... **Page 4**