



MARSTON LINDSAY ROSS INTERNATIONAL LIMITED
THE OMEGA CENTRE, SOUTHMEAD PARK, DIDCOT, OXON, OX11 7AW, U.K
Telephone: (01235) 515700 International: (+44) 1235 515700 Facsimile: (01235) 515777
e-mail: linross@lrl.com home page: http://www.lrl.com

APPLICATION FOR EMPLOYMENT

*Please complete in BLOCK capitals throughout
Applicants are advised that the company operates a No Smoking policy*

PERSONAL DETAILS

Surname _____ Forenames _____

Address _____

County _____ Postcode _____

Telephone No: Home _____ Office _____

Nationality _____ e-mail _____

Date of Birth _____ Age _____ Marital Status _____ No of Children _____

National Insurance No _____

Do you own a car? YES/NO Do you hold a current driving licence? YES/NO Is it clean? YES/NO

If NO, please give details here _____

Do you have any physical disabilities which could affect this application/ YES/NO

If YES, please give details here _____

Are you registered as disabled? YES/NO. If YES Registration No _____

Have you received compensation for injuries? YES/NO

If YES, please describe _____

Position applied for _____ Pay expected (per annum) _____

On what date could you be available for work? _____

Have you any skills, experience or qualifications which you feel would especially suit the job you are applying for?

EDUCATION

Dates

Schools attended

From

To

Examinations and Results

College/University

From

To

Courses and Results

Other Education and Formal
Training

From

To

Results

Professional memberships and qualifications _____

INTERESTS

Please give brief details of pastimes, hobbies, sports _____

PERSONAL REFERENCES

Please give details of two people (not relatives) to whom we could approach for a reference. Please indicate if either referee **may not** be approached without your permission.

Name _____

Name _____

Occupation _____

Occupation _____

Address _____

Address _____

Telephone _____

Telephone _____

EMPLOYMENT HISTORY

(last 3 years)

Present/Last Employer _____

Address _____

Type of business _____

Type of work and responsibilities _____

From _____ To _____ Starting Pay _____ Present/Leaving pay _____ per _____

Present/Last Employer _____

Address _____

Type of business _____

Type of work and responsibilities _____

From _____ To _____ Starting Pay _____ Present/Leaving pay _____ per _____

Present/Last Employer _____

Address _____

Type of business _____

Type of work and responsibilities _____

From _____ To _____ Starting Pay _____ Present/Leaving pay _____ per _____

DECLARATION

The facts set forth in this application, are to the best of my knowledge and belief, true and complete.

Date: _____ Signature: _____