

DDHCS APPLICATION FORM

Amendment November 2004

CONFIDENTIAL

Application for the position of Cleaning Operative.

Please complete all sections of the form, deleting choices as appropriate.

Return marked "Private and confidential" to: Mrs J Denton

DDHCS 4 Stortford Road, Leaden Roding Essex CM6 1QX.

PERSONAL DETAILS

SURNAME: _____ **FIRST NAMES:** _____

(MR/MRS/MISS/MS) _____ **PREFERRED NAME:** _____

ADDRESS:

TELEPHONE NUMBER:

HOME: _____ **MOBILE:** _____

DATE OF BIRTH: _____ **AGE** _____

DO YOU HAVE A CURRENT FULL DRIVING LICENCE? YES / NO

ANY DRIVING CONVICTIONS? YES/No (give details below)

ANY CURRENT ENDORSEMENTS _____ **YES / NO**
DETAILS:

HAVE YOU EVER BEEN DISQUALIFIED FROM DRIVING? YES/NO
DETAILS:

SMOKER / NON SMOKER

Simply Cleaners Ltd
Registration No 5195570
4 Stortford Road, Leaden Roding, Essex. CM6 1QX
Tel: 01279 876832 Fax: 01279 876850 Mobile: 07973883284
Email: info@ddhcs.co.uk
Website: www.ddhcs.co.uk

DDHCS is a trading name of Simply Cleaners Limited

Education

Secondary School / College/ Other	Dates	Qualifications Gained

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PRESENT (OR MOST RECENT) EMPLOYER

NAME: _____
ADDRESS: _____ _____ _____
JOB TITLE _____ SALARY _____
REASON FOR LEAVING _____
BRIEF DESCRIPTION OF DUTIES _____ _____

PREVIOUS EMPLOYMENT

Employers name and address	Salary	Position Held	Description of work involved

Please use separate sheets of paper, if necessary, to list a minimum of your last 5 years employment record.

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HEALTH DETAILS Have you had any illness (other than normal childhood ailments), which have required time off work for longer than a week? Do you suffer with any back problems?

Are you currently taking any medication, if so what for?

INTERESTS & PASTIMES

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REFEREES: Please give the names and addresses of two people willing to act as referees. At least one should be your most recent employer. Referees should not be relatives.

Name: Position held: Address:	
Telephone no: Fax No:	
Name: Position held: Address:	
Telephone no: Fax no:	

CRIMINAL CONVICTIONS Have you ever been convicted of a Criminal Offence or is there any action involving a Criminal Offence pending? If so please give details below.

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I declare that all the information supplied in this application form is true to the best of my knowledge. I understand that should the aforesaid information be found to be false it may result in any employment offered or given to me by DDHCS to be terminated.

SIGNED: _____ **DATE:** _____

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