

A M Arthan Ltd is an equal opportunity employer. All information provided will be treated in the strictest confidence and will be used to ensure the provision of equal opportunities for all applicants.



Please return to:-

Tower House, Maer Lane, Market Drayton, TF9 3SH  
 30 High Street, Newport, Telford, TF10 7AQ  
 1 Church Street, Wellington, Telford, TF1 1DD  
 34, High Street, Whitchurch, Shropshire, SY13 1BB

### Application for Employment

(PLEASE COMPLETE IN INK AND USE BLOCK CAPITALS)

			Date completed
Forename(s):			
Surname:			
		Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>
Home Address:			
			Postcode:
How long at current address: _____ Years _____ Months			
Home Tel:		Work Tel:	
Mobile Tel:		E-Mail:	

<b>SECONDARY EDUCATION</b>			<b>FURTHER EDUCATION</b>		
From	To	Name of School (s)	From	To	College, University, etc

<b>EXAMINATION RESULTS / QUALIFICATIONS OBTAINED</b>		

Barbers is the trading style of A M Arthan Ltd, Registered Office, 1 Church Street, Wellington, Telford TF1 1DD.

Registered in England & Wales, Registered No. 06254433. Director: A M Arthan

<b>EMPLOYMENT</b>			
Present or last employer	Job title & main duties	Start date	Leave date
Reason for leaving:			
Average Gross Pay: £	Hour / Week / Month	Start date	Leave date
Previous employers	A		
	B		
	C		

<b>HEALTH</b>	
Height:	Weight:
Are you currently under the care of a doctor or other medical professional?	
State main causes of past ill-health which have resulted in time off work	
If successful are you willing to work overtime?	YES NO
State any smoking habits	
Would you be willing to undergo a medical examination if deemed necessary?	YES NO

**PLEASE NOTE THAT AN OFFER OF EMPLOYMENT MAY BE CONDITIONAL ON PASSING A  
MEDICAL EXAMINATION**

Please circle if any of the following apply or have applied to you in the past		
Please give details below		
Circulatory problems such as varicose veins, phlebitis, thrombosis	YES	NO
Heart problems such as angina, high blood pressure, heart attack	YES	NO
Circulatory problems such as varicose veins, phlebitis, thrombosis	YES	NO
Chest problems such as asthma, pleurisy or bronchitis	YES	NO
Diabetes	YES	NO
Epilepsy, fainting attacks or blackouts	YES	NO
Skin disorders	YES	NO
Dyslexia	YES	NO
Sight problems such as partial blindness, colour blindness	YES	NO
Hearing problems such as partial deafness	YES	NO
Migraines, severe headaches or other head related illnesses	YES	NO
Recent operation or fracture	YES	NO

Athritis, rheumatism	YES	NO
Back trouble, injury to bones, tendons including wrist tendons	YES	NO
A claim for industrial injury	YES	NO
Worked in an industry with high noise level	YES	NO
Suffered any illness which caused you to be off work for 2 weeks or more	YES	NO
Experienced surgical operation, serious personal injury, medical investigation or X-ray	YES	NO
Mental illness or depression	YES	NO
Any other significant health health Problems? (If yes please give details)	YES	NO
Are there any unspent convictions which you need to declare under the Rehabilitaion of Offender Act? (If yes please give details)	YES	NO

Please summarise job skills acquired and any specialist training received

What qualities do you have which most suit you to the job for which you are applying?

What are your main interests, sports and hobbies?

What clubs or societies do you belong to?

What professional bodies do you belong to?

Do you undertake any public duties? YES NO  
(eg. Councillor, Justice of the peace, territorial Army, School Governor, Military or Legal Government etc - if yes please give details)

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<b>REFERENCES</b>		Can they be contacted Now?	
A. Experience	Name: Address:  Contact No:	YES	NO
B. Character	Name: Address:  Contact No:	YES	NO

<b>AVAILABILITY - Please give details</b>		
When are you available for interview?		
If offered this job when could you start?		
Do you have any holiday commitments? (If yes, please give details)	YES	NO
How did you hear about this job?		
Have you previously worked for Barbers? (If yes, please give dates)	YES	NO
Are any of you relatives currently employed by A M Arthan Ltd (or previously been employed by Barbers)? (If yes, give names & dates)	YES	NO
Do you have a current driving license?	YES	NO
Have you ever been disqualified from driving?	YES	NO
Do you have any driving related convictions or prosecutions pending?	YES	NO
If successful, how do you propose to travel to and from work?		
Have you previously attended an interview at Barbers? (If yes, please give details)	YES	NO

<b>DECLARATION</b>	Please read this carefully before signing your application
I confirm that the above information is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made. I also understand that any questions unaanswered may be discussed at interviews relating to this application	Signed: _____ Date: _____
Please note: you may be asked to complete a further form in connection with this application	

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## Application for Employment

### Additional information

*Completion of this part of the application form is optional*

**Name:**

**1. Date of Birth:**

**2. Place of Birth** (Town / County / Country)

**3. Ethnic Group:**

Please note that a policy of equal opportunity of employment is followed in accordance with the Race Relations Code of Practice. To enable us to monitor the effectiveness of this policy we ask you to indicate which ethnic group you belong to.

Afro-Caribbean Origin	
African Origin	
Asian Origin	
European Origin (inc UK)	
Other (please specify)	

**4. Marital Status:**

**5. Dependents:**

**6. Are you registered disabled?**

YES NO

If yes please state reference number and expiry

**7. Please disclose details of any disabilities from which you suffer, whether registered or not.**

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