

Thank you for your interest in working with Access Self Storage Limited. So that we can give full consideration to your application, please complete this application form as soon as possible. You should provide all details about yourself that you think are relevant to the job. If there is insufficient space on the form, please continue using the "Additional Information" box on page 4.

JOB TITLE OF POST APPLIED FOR:

STORE LOCATION:

PERSONAL DETAILS

Surname:		
Forename:		
Home address:		
E-mail address:		
Home tel number:	Mobile number:	Work telephone number:
May we contact you on your work number during working hours (9am to 5pm)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Your date of birth:		
Your nationality:		
If you are not a national of one of the countries of the European Union do you have permission to work in the United Kingdom		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES - what kind of permit?		
Do you have a current driving licence?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES does it contain and current endorsements?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES please give details of all endorsements below		
Do you have a car that you are prepared to use?		Yes <input type="checkbox"/> No <input type="checkbox"/>

HEALTH

Are there any medical conditions affecting you that may affect your work with Access Self Storage?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES please describe the condition below and any restrictions that the condition places on your work.		

EMPLOYMENT EXPERIENCE

Please give below, details of the work that you have done in the past. You should show as much detail as possible of the main duties that you performed in each of these roles. Please account for all periods, giving reasons for those when you were not working. If you require any further space, please use the "Additional Information" box on page 4.

START AND FINISH DATES	NAME AND ADDRESS OF THE EMPLOYER	JOB TITLE AND MAIN DUTIES	SALARY ON LEAVING AND REASON FOR LEAVING

How much notice will you have to give your current employer?

WORK RELATED TRAINING

Please list below all of the work related training that you have completed. If you require any additional space, please use the "Additional Information" box on page 4.

NAME OF THE TRAINING COURSE AND WHERE YOU DID THE COURSE	WHEN DID YOU COMPLETE IT?	QUALIFICATIONS OBTAINED (IF APPROPRIATE)

EDUCATION

Please list below the schools, colleges and places of higher education that you attended. Please show the level of examinations that you took, the subjects taken and the grades achieved.

NAME OF SCHOOL, COLLEGE OR PLACE OF HIGHER EDUCATION	DATES ATTENDED	QUALIFICATIONS OBTAINED

PLEASE STATE ANY PROFESSIONAL OR TRADE ORGANISATIONS OF WHICH YOU ARE A MEMBER

NAME OF ORGANISATION	DATE MEMBERSHIP STARTED	LEVEL OF MEMBERSHIP

CRIMINAL CONVICTIONS

The Rehabilitation of Offenders Act 1974 enables some criminal convictions to become 'spent', or ignored, after a 'rehabilitation period'. A rehabilitation period is a set length of time from the date of conviction. After this period, with certain exceptions, an ex-offender is not normally obliged to mention the conviction when applying for a job. In line with the above information please give details of all unspent convictions or judgements made against you below.

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ADDITIONAL INFORMATION

If you have any additional information about yourself and the skills and qualities that you would bring to this vacancy, please provide this information below.

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REFERENCE

If we make a job offer to you we will automatically take up references from employers with whom you have worked during the last three years. In addition we sometimes wish to follow up personal references for prospective employees. Please give below the names of two such people from whom we can seek a personal reference. These people should be known to you personally, should have known you for at least three years and not be directly or indirectly (e.g. through marriage) related to you.

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DECLARATION

Please read the following statement carefully before signing this application form.

I confirm that to the best of my knowledge and belief the information contained in this application form is an accurate and true record. Any untrue or misleading information subsequently identified will give my employer the right to terminate any employment contract offered.

I HAVE COMPLETED THIS FORM PERSONALLY.
NAME
DATE