



Job Application Form (please write clearly in Black ink or type)

Title of post
applied for

Ref:

PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Surname:
(Mr/Mrs/Ms/Miss)

Forenames:

Address:

Age:

Date of Birth:

Tel No. (Home):

E-mail address:

Tel No. (Business):

Mobile No:

National Ins. No:

EDUCATION & PROFESSIONAL QUALIFICATIONS

(ORIGINAL DOCUMENTS AS PROOF OF QUALIFICATION WILL BE REQUIRED AT INTERVIEW)

| Secondary Schools; Colleges; University | Dates | | Examinations taken | Date | Result |
|--|-------|----|--------------------|------|--------|
| | From | To | | | |
| | | | | | |

Professional Qualifications currently held: how obtained, grade and date

Other relevant Educational or Training Coursers, with dates:

PRESENT POST

| | |
|--|----------------------------|
| Title of Post: | Salary: |
| Name & Address of Employer: | Business of Employer |
| | Date Commenced: |
| | Date ended (if applicable) |
| Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable) | |
| Reason for leaving or wishing to leave: | |
| Period of notice required to terminate present employment: | |

PREVIOUS EMPLOYMENT

| Name & Address of Employers | Position held | Dates | | Reason for leaving and final grade/salary |
|-----------------------------|---------------|-------|----|---|
| | | From | To | |
| | | | | |

RELEVANT EXPERIENCE

Please say why you are applying for this post, outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Please use a continuation sheet if necessary.

Where did you see this vacancy advertised?

OTHER INFORMATION

What activities outside work interest you? (State any positions held you consider relevant)

Do you hold a current driving licence? YES/NO

Do you own a car? YES/NO

Please give details of any motoring convictions in the last 5 years, including offence code and date of conviction:

HEALTH

Please state the number of days sickness absence in the last 2 years:

DISABILITY DISCRIMINATION ACT 1995

Are there any adjustments which you think we could make to overcome a disability in relation to the essential requirements of this job? YES/NO

If Yes, please provide further details (use a continuation sheet if necessary):

REHABILITATION OF OFFENDERS ACT 1974 Please note: If the post you have applied for meets the exemption requirements under this Act, all applicants who are offered employment will be subject to a criminal record check before the appointment is confirmed. This will include all spent convictions, cautions, reprimands or final warnings. (See information sheet for further guidance)

Please declare any unspent convictions (or all convictions if the post is exempt) on a separate sheet and tick this box if doing so

REFERENCES

Names and addresses of two referees, one of whom should be your current or most recent employer:

Tel No:

Email Address:

Tel No:

Email Address:

Please indicate if we may contact them prior to interview

YES/NO

Please state maiden name if applicable

DECLARATION

I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated and for details of any sickness absence over the last 2 years to be obtained.

Signed Date Name

Thank you for completing this application. Please return to

**PERSONNEL DEPARTMENT,
THE COURIER COMPANY (USA) LTD,
670 W Georgia Street,
Tallahassee,
FL 32304.**

Or email to recruitment@thecouriercp.com