

EMPLOYMENT APPLICATION



Private & Confidential

BEW Electrical Distributors Ltd, Unit 1, The Kimber Centre, 54 Kimber Road, Wandsworth, London, SW18 4PP

Once completed, please return this form either by post or email at: hr@bew-elec.co.uk

Position Applied for:	BEW Branch:			
ERSONAL INFORMATION				
Surname:	Forename(s	s):		
Address:				
Postcode: <u>H</u> o	ome Phone:		Mobile:	
Email:	<u>1</u>	National Ins	surance Num:	
Do you currently hold a UK	Driver's License?	Yes		No 🔲
Are you legally able to take	up employment in	the UK?	Yes	No 🗌
DUCATION HISTORY				
chool/College/University/0	Other	Qualifica	tion Gained	
	ERSONAL INFORMATION Surname: Address: Postcode: Ho Email: Do you currently hold a UK Are you legally able to take DUCATION HISTORY	ERSONAL INFORMATION Surname: Forename(s Address: Postcode: Home Phone: Email: Oo you currently hold a UK Driver's License? Are you legally able to take up employment in	ERSONAL INFORMATION Surname: Forename(s): Address: Postcode: Home Phone: Email: National Institute of the property of the	ERSONAL INFORMATION Surname: Forename(s): Address: Postcode: Home Phone: Mobile: Email: National Insurance Num: Oo you currently hold a UK Driver's License? Yes Are you legally able to take up employment in the UK? Yes DUCATION HISTORY

Employer name & address:	Position, Dutie	es & Skills:	Term: Start: / End: / Reason:	/ /		
Employer name & address:	Position, Dutie	es & Skills:	Term: Start: / End: / Reason:	/ /		
Employer name & address:	Position, Duties & Skills:		Term: Start: / End: / Reason:	/ /		
Notice Period required:						
We require references as part of our recruitment process.						
Employer name & address:		Employer name & address:				
Contact Name:		Contact Name:				
Contact Email:	Contact Email:					

Please read this carefully before signing this application.

1. I confirm that the above information is complete & correct and that any untrue or misleading	
information will give my employer the right to terminate any employment contract offered.	
2. I agree that the organization reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a me report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be processed in accordance with the Data Protection A.	ing
3. I agree that should I be successful in this application, I will if required, apply to the Criminal Records/Bureau/ Disclosure Scotland for a basic disclosure. I understand that should I fail to do should the disclosure not be to the satisfaction of the company, any offer of employment m withdrawn or my employment be terminated at any time.	
Have you ever been convicted or found guilty by a court of any offence in any $$\gamma_{es}$$ No country?	0
Or have you ever been placed on probation or absolutely/conditionally discharged or bound over after being charged with any offence or is there any action pending Yes No against you?	o
You need not declare convictions which are 'spent' under the Rehabilitation of Offenders Act (1974)	
Signed Date	

FOR INTERNAL USE