

# PANGOLIN EDITIONS

UNIT 9 CHALFORD INDUSTRIAL ESTATE  
CHALFORD  
GLOS  
GL6 8NT

Contact:  
Amanda Maule

01453 886527

*Please complete by hand and return*

## APPLICATION FORM

Mr, Miss Mrs. Ms.	First Name	Surname
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Address	Daytime Tel. No.
	Evening Tel. No.
	Email Address.
Post Code	

*Please give details of:-*

Educational qualifications/Courses attended/Apprenticeships or Traineeships
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*Work history over recent years:-*

Name of Employer	From	To	Brief details of duties	Wage	Reason for leaving

How soon can you start work?	Can you obtain references? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do you have a current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	How would you travel to work?
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Are you looking for permanent full time employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify .....
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Are you able to accept a physically demanding job? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Is there any reason why you should not use power tools? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes" please specify

Are you aware of any medical condition which is relevant to the role you are applying for? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes" please give brief details. If you have a disability please include any adjustments that we may need to make to assist you at interview.

Please give brief details of other interests including sports and hobbies etc.

Please give reasons why you feel you would like to work in this particular type of job and any other information that you think would be useful in consideration of your application.

To the best of my knowledge the information on this form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.

Signature \_\_\_\_\_ Date \_\_\_\_\_