**Dale Power Solutions Ltd**

**Salter Road, Eastfield Industrial Estate, Scarborough, North Yorkshire, YO11 3DU**

**Telephone 0330 999 3000, Email info@dalepowersolutions.com**

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| Application for the position of |

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| PERSONAL DETAILS | | |
| Surname | | |
| Forename(s) | | |
| Home Address | | |
|  | | Postcode |
|  | |  |
| Telephone Number | | |
| Mobile | | |
| Email | | |
| National Insurance Number | | |
| Do you have the right to take up employment in the UK? | If no, please provide further details | |
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| YES / NO |  | |
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| EDUCATION | | | |
| School | from | to | Qualifications Gained |
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| Further Education | from | to | Qualifications Gained |
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| Course/Study Being Undertaken At Present | | | |
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| Membership of Professional Institution (with dates) |
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| LANGUAGE |
| Please list below languages spoken and level of fluency |
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| PRESENT EMPLOYMENT |
| Job Title |
| Name and Address of Employer |
| Date Employment Commenced |
| Present Salary |
| Description of Duties |
| Reason for Leaving |
| Notice period required in your present post |
| Is your present post your sole regular employment? |

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| PREVIOUS EMPLOYMENT (most recent first) | | | | | |
|  |  |  |  |  |  |
| Name and Address of Employer | Job Title and Description of Duties | Reason for Leaving | Employment Dates | | Final Salary |
|  |  |  | From | To |  |
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| SUPPORTING INFORMATION | |
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| Do you hold a full driving licence? | YES / NO |
| If yes, do you have any current endorsements and what are they for? | |
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| Do you have a disability? | YES / NO |
| Please give details of any special arrangements or adjustments you would require to attend an interview. | |
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| REHABILITATION OF OFFENDERS ACT 1974 |
| Please disclose all past or pending cautions or convictions, whether spent or otherwise, unless it is either a ‘protected caution’ or a ‘protected conviction’ under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. |
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| If you have no past or pending cautions or convictions, please specify ‘none’. |
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| For positions where a criminal record check is identified as necessary, you will be required to apply for a Disclosure and Barring Service (DBS) certificate in the event of you being offered the position. |
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| REFEREES | | | |
| Please give details of two referees, one of whom should be your current or most recent employer. If this is an application for your first job, your school teacher or higher/further education lecturer. The other should not be a relative. | | |
| **First Referee** |  | **Second Referee** |
|  |  |  |
| Name |  | Name |
|  |  |  |
| Relationship |  | Relationship |
|  |  |  |
| Company Name |  | Company Name |
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| Address |  | Address |
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| Postcode |  | Postcode |
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| Home Telephone |  | Home Telephone |
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| Business Telephone |  | Business Telephone |
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| DECLARATION | |
| I declare that the information I have given on this form is to the best of my knowledge, true and complete. I understand that if it is subsequently discovered 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. | |
|  | |
| I hereby give my consent to the Company possessing the data supplied on this application form for the purpose of recruitment and selection. I accept that if my application is successful, this application form will form part of my personnel file and, in that case, I consent to the data on it being processed for all purposes in connection with my employment. | |
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| Signature | Date |
|  |  |