



**midland**  
pest control

## **APPLICATION FOR EMPLOYMENT**

**PRIVATE AND CONFIDENTIAL**

Return this form to: **Office Manager**  
midland pest control Limited  
The Bond, 180-182 Fazeley Street  
Digbeth, Birmingham B5 5SE

Or email to: [jobs@midlandpestcontrol.co.uk](mailto:jobs@midlandpestcontrol.co.uk)

**POSITION APPLIED FOR -**

### **PERSONAL DETAILS**

<b>Surname</b>	
<b>Forename(s)</b>	
<b>Title</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Tel. No</b>	
<b>Mobile</b>	
<b>N.I. No.</b>	
<b>Nationality</b>	
<b>Driving Licence?</b>	<b>Any Endorsements?</b>

### **EMPLOYMENT HISTORY**

**Current (or most recent) employer:**

<b>Name</b>	
<b>Address</b>	
<b>Position</b>	
<b>Main Duties</b>	
<b>Salary/Rate of Pay</b>	
<b>Reason for leaving</b>	
<b>Notice required</b>	



## PERSONAL ACHIEVEMENTS

Please list your leisure activities, hobbies and interests and any special achievements in them


## CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.


## REFERENCES

Please give the name, title, address, contact telephone number and relationship to you of recent employers from whom we may obtain references. (References will not be approached before you are interviewed or without your permission)

<b>Name</b>		
<b>Title</b>		
<b>Address</b>		
<b>Tel. No</b>		
<b>Relationship</b>		

## HEALTH DETAILS

Please list absences from work in the past 12 months and the reasons for such absences


Please list any impairments, illnesses, injuries or medication


Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? **Yes/No**

## DECLARATION -P lease read this carefully before signing this application

1 I confirm that the above information is complete and 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 organisation 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 medical 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 retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: .....

Date: .....