



KNIGHTSBRIDGE PROPERTY SERVICES LTD

APPLICATION FORM

(Please complete this form in black ink (preferably in your own handwriting))

The information given will be processed for employment selection and statistical purposes, and will be retained for successful candidates. Applications from unsuccessful candidates will be retained for up to 3 months. You will be given the opportunity to state any disability needs if called for an interview.

Position Applied For:	Expected Salary:
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Personal Details

Surname:	Title:
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Forenames:

Address:
.....
..... **Post Code**.....
Home tel no.....
Mobile.....
Email address:.....

Date of Birth:	N.I. Number:
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Do you consider yourself to be disabled? **Yes** **No**

On what date would you be available for work?

Do you need a Work Permit to work in the UK? YES/NO

Do you have any criminal convictions or pending criminal action under the Rehabilitation of Offenders Act 1974? Please provide full details.

How did you hear of the position for which you are applying?

Have you applied to KPS before? If yes, when and what was the outcome?



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EMPLOYMENT RECORD (LAST 3 EMPLOYERS – IF MORE THAN 3 EMPLOYERS, Please COVER AT LEAST THE LAST 10 YEARS)

Name of Company	Position	From mm/yy	To mm/yy	Final Salary
Your most recent/current:				
Previous positions:				

Reasons for leaving last position:

Have you applied to KPS before? If yes, when and what was the outcome?

Have you ever been dismissed from a previous employment? Yes/No
If yes, please give further details.

If you have answered yes to this question, the employer may be consulted about your employment record.



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EDUCATION

Secondary/Further/Higher Education

Name of School/College

QUALIFICATIONS / SKILLS/EXPERIENCE

Please list your qualifications

i.e. City & Guilds, 17th Edition, 2391

Any other qualifications i.e.. First Aid

PLEASE LIST ANY SKILLS YOU POSSESS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

PLEASE DETAIL YOUR EXPERIENCE FOR THE POSITION THAT YOU APPLYING



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MUST BE COMPLETED FOR THOSE APPLYING FOR MOBILE POSITIONS ONLY

FOLLOWING DETAILS ARE REQUIRED FOR MOTOR INSURANCE COVER:

Do you have a clean driving licence?

Please state Licence Number

If 'no', please state details
(Please include any licence
Suspension periods in the last 10 years)

Have you had any motoring
Convictions in the last 5 years?
If so, please give details.

Please give details of any physical
Defects, infirmities or mental illness,
Impaired sight or hearing, epilepsy or
Diabetes. If none, state NONE.

Date driving test passed?

How long have you held full UK
Licence? years

How long have you lived in UK? Years

Any previous accidents in last 5 years, please give all relevant details:



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NAME:.....

Please give two referees from previous employers, one of which should represent your existing employer if you are currently employed or you're most recent. **Personal references will not be accepted.** The referees will only be approached once a firm offer has been made and accepted.

REFERENCES	
Company Name: Address: Contact Name: Occupation/Position: Telephone:	Company Name: Address: Contact Name: Occupation/Position: Telephone:

DECLARATION: To the best of my knowledge and belief the particulars given on this form, including my supporting documents are correct and complete.

I understand that failure to disclose any relevant information or the provision of false information will nullify any subsequent contract of employment and result in dismissal.

I understand that information about my application will be recorded and processed on computer in order to process and monitor appointment. I consent to the recording and processing of personal data in this way in accordance with the Data Protection Act 1998.

SIGNED:..... **DATE:**.....