

Surname		First name(s)	
Address		Telephone numbers	
		Mobile:	
		Home:	
		E-mail address	
Do you have the right to work in the UK? If there are any conditions, please list them on the back of this form.		National Insurance number	

EDUCATION AND TRAINING

SCHOOL, COLLEGE or UNIVERSITY	DATES		QUALIFICATIONS AND GRADES OBTAINED
	From	To	
SECONDARY EDUCATION Please state type of school, e.g. comprehensive, grammar			
UNIVERSITY OR COLLEGE			
SPECIAL TRAINING Please give details of any special training courses that you have attended			Details
APPRENTICESHIPS Please give name and address of employer or training provider			Trade or craft

Professional qualifications

Foreign Languages. Please also indicate fluency

Are you a car owner/driver?

Do you have a clean driving licence?

OUTSIDE INTERESTS AND HOBBIES

Continue on back of form if necessary

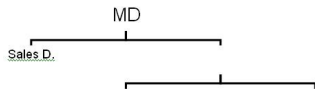
EXPERIENCE

EMPLOYER	NATURE OF EMPLOYMENT	REASON FOR LEAVING	
Start with your most recent employer	See bottom of page	Present (or last) salary	
		Date left	
		Date started	
		Present (or last) salary	
		Date left	
		Date started	
		Present (or last) salary	
		Date left	
		Date started	
		Present (or last) salary	
		Date left	
		Date started	

Present (or last) employment – Organisation Chart

Please give a sketch showing your job role's position in your present (or last) company

For example



REFERENCES

Please give name and address of two referees, preferably at least one should be a manager or teacher from your last job or school who can comment on your ability in a professional capacity. Approach will only be made after permission has been received.

1.	Name		Address
	Telephone number		
	E-mail address		
	Relationship		
2.	Name		Address
	Telephone number		
	E-mail address		
	Relationship		

HEALTH

Are you willing to undergo a full medical examination as a condition of employment?

Are there any issues you want to make us aware of at this stage, so that we can consider reasonable adjustments to make to enable you to participate fully in the interview process?

What is your expected salary?

DECLARATION

The statements made on this form are true. I understand any false statements may jeopardise my application and may lead to an offer being withdrawn.

Signature

Date

ADDITIONAL INFORMATION

Please use this space for any additional information that you would like taken into account when your application is considered.
Please feel free to include any information that you believe may not directly relate to the job



Reliance Precision Limited
Rowley Mills
Penistone Road
Lepton
Huddersfield
HD8 0LE

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