

# PANGOLIN EDITIONS

UNIT 9 CHALFORD INDUSTRIAL ESTATE  
CHALFORD  
GLOS  
GL6 8NT

Contact:  
Amanda Maule

01453 886527

**Please complete in ink and BLOCK LETTERS**

**APPLICATION FOR:**.....

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

**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? <span style="margin-left: 100px;">Yes <input type="checkbox"/></span> <span style="margin-left: 100px;">No <input type="checkbox"/></span>	How would you travel to work?
Are you looking for permanent full time employment? <span style="margin-left: 100px;">Yes <input type="checkbox"/></span> <span style="margin-left: 100px;">No <input type="checkbox"/></span>	Please specify ..... .....
Are you able to accept a physically demanding job? <span style="margin-left: 100px;">Yes <input type="checkbox"/></span> <span style="margin-left: 100px;">No <input type="checkbox"/></span>	
Is there any reason why you should not use power tools? If "Yes" please specify	<span style="margin-left: 100px;">Yes <input type="checkbox"/></span> <span style="margin-left: 100px;">No <input type="checkbox"/></span>
Are you aware of any medical condition which is relevant to the role you are applying for? <span style="margin-left: 100px;">Yes <input type="checkbox"/></span> <span style="margin-left: 100px;">No <input type="checkbox"/></span>	
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 _____	