Port Royal EEC Vacancy Application Form

Vacancy Closing Date

- Please write clearly.
- All information will be treated in confidence and will be used by Port Royal staff / employers to assess your suitability for the job.

The Vacancy		
The Vacancy		
Name of the companyPort Royal EEC		
Job applied for		
About Yourself		
Surname	(Mr	/Mrs/Miss/Ms)
Forename/s		
Address		-
Postcode		
Country of Birth	 	
Home telephone number		
Business telephone number (if any)		
National Insurance number		
Do you hold a current driving licence?	Yes	No
Are you a car owner or do		
you have use of a car?	Yes	No
Do you have a disability which presents special		
needs at the selection interview	Yes	No
If yes, please give details of how we can help you.		

Your Qualifications

Type of Exam (GCSE, A Level etc.)	Date Taken	Subject	Grade
L Verification of qualifications	L s may be sought by the en	Lnployer.	
·		nt experience or training courses you have a	attended etc.)
Hobbies and Inter	'ests (Please give details	s)	
Character Referen		The second secon	
Please give the name, add willing to answer questions		o responsible persons who know you well in	ı private life and wno a
Name		Name	
Address		Address	
Postcode		Postcode	
Occupation		Occupation	
Tel. No		Tel. No	

Employment Record

Please give your present or most recent job and work from there, showing all periods of employment & unemployment

Name and Address of employer	Date Started	Date Ended	Position Held (Give brief description of duties)	Reason for Leaving
(1)				
(2)				
(3)				
(4)				
(+)				
(5)				

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I declare that the information that I have given is correct				
Signed	Date			

Please send the completed form to: portroyal.eec@virgin.net

Or Post to Port Royal EEC, Skiff Lane, Holme on Spalding Moor, York, YO43 4AZ