

Application for Employment



Information provided will be treated in the strictest confidence

Position Applied for: **Tyre Technician – Michelin Tyre PLC** Ref no:

Return your completed Form to: **MPCG Business Solutions Limited, 19 Berkeley Court, Water Street, Newcastle under Lyme, Staffordshire, ST5 1TU or email to recruit@mpcg.co.uk**

PERSONAL DETAILS

(* Delete as appropriate)

Surname:	Forename(s):	Title:
Address:		
		Postcode:
Date of Birth:	NI Number:	
Telephone (Home):		Mobile:
Current UK Driving Licence? Yes* No*	Details of Endorsements:	E-mail Address:
Expiry Date:		
How would you intend to get to your place of work?		
Are there any restrictions on you taking up employment in the UK? (If yes, please provide details)		
		Yes* No*

EMPLOYMENT HISTORY (Start with most recent/current employment)

From -To	Name & Address of Employer	Job Title / Duties	Rate of Pay	Reason for Leaving

EDUCATION HISTORY AND OTHER TRAINING RECEIVED (Include In-service Training)

Schools/Colleges/University		Qualifications gained	
Training Course	Awarding Body	Duration	Date Completed

REFERENCES

Please note here details of two persons who would be prepared to provide references on your behalf. One of these should be your present or most recent employer. Your present employer will not be approached until final short list stage

Name	Name
Position	Position
Address	Address
Telephone	Telephone

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 basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

PREVIOUS APPLICATION

Have you previously applied to MPCG or Michelin Tyre PLC? If yes, when and for what position?	Yes *	No *
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HEALTH DETAILS

Do you have any long standing illness or disability that affects your daily activities? If 'yes' please give details	YES / NO
Please list all absences from work in the past 12 months and the reasons for such absences	
*Please note as part of the recruitment process, short listed candidates will be expected to attend and pass a medical and drugs screen	

ANY OTHER SUPPORTING INFORMATION (Should you require further Space please attach a piece of paper)

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DECLARATION

I confirm that information given in this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection, or if employed, for dismissal.

Signature: _____ Date: _____