



greavessports.com

HEAD OFFICE
23 GORDON STREET
GLASGOW
G1 3PW

APPLICATION FORM

Please complete all sections of this form as fully and accurately as you can.
All information will remain confidential.

Position applied for: _____

Date available to start: _____ Current Salary: _____

Availability

Are you looking for full time work? Yes No

Are you looking for permanent or temporary work? Permanent Temporary

Are there any days you are unable to work ? _____

If you are looking for part time work please complete the table below showing your availability:

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Personal details:

Title: _____ First Name: _____ Surname: _____

Address: _____

_____ Post Code: _____

Phone no: _____ Mobile no: _____

Email: _____ N.I number _____

Are you legally eligible for employment in the UK? Yes No

Do you require a work permit to work in the UK? Yes No

Permit expiry date: _____

Is the above location your permanent address? Yes No

If no, please give details below eg. You may be a student who studies in Glasgow and when not studying you live in Edinburgh

Do you have any holidays booked in the next 12 months? Yes No

If yes, please give details eg. Dates and locations _____

Do you know anyone currently employed by Greaves Sports? Yes No

If yes, please give details eg. Names and branch employed at: _____

Employment History

Please detail your employment history starting with your most recent/current employer and work backwards.

Employers Name	<input type="text"/>	
Type of business	<input type="text"/>	
Address	<input type="text"/>	
Job Title	<input type="text"/>	
Start date	<input type="text"/>	Leave date <input type="text"/>
Main Duties & responsibilities	<input type="text"/>	
Reason for leaving	<input type="text"/>	

Employers Name	<input type="text"/>	
Type of business	<input type="text"/>	
Address	<input type="text"/>	
Job Title	<input type="text"/>	
Start date	<input type="text"/>	Leave date <input type="text"/>
Main Duties & responsibilities	<input type="text"/>	
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Type of business	<input type="text"/>	
Address	<input type="text"/>	
Job Title	<input type="text"/>	
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Employers Name	<input type="text"/>	
Type of business	<input type="text"/>	
Address	<input type="text"/>	
Job Title	<input type="text"/>	
Start date	<input type="text"/>	Leave date <input type="text"/>
Main Duties & responsibilities	<input type="text"/>	
Reason for leaving	<input type="text"/>	

Education and Qualifications

Date from	To	Institution	Course/Exam/Qualification	Grade

Career Achievements, Skills, Hobbies and Interests

Please give details of any work achievements, professional membership, skills, hobbies and interests which may support your application

Additional Personal Information

Are you aware of any medical condition which may affect your ability to perform your duties and to do the job applied for? Yes No

If yes, please give details _____

If yes, what reasonable adjustments can we make to assist you in carrying out your role

How many days sickness absence have you had in the last 12 months? _____

Please give details _____

Have you ever been convicted of a criminal offence? Yes No

(please disregard any convictions considered spent under The Rehabilitation of Offenders Act 1974)

References

Please give details below of two referees. Wherever possible this should include your current or most recent employer or a personal referee

Name	Relationship	Address	Contact Number

Declaration

I give my consent to Greaves Sports Ltd to approach nominated referees and all previous employers in order to obtain references to support my application once an offer has been made and accepted. I understand that any offer of employment is subject to receiving references that are satisfactory to Greaves Sports Ltd.

I declare that I am 16 years or above and that all information is correct to the best of my knowledge. I understand that if it is subsequently discovered that any statement is false or misleading I may be dismissed from the company or any offer of employment being withdrawn.

Signed: _____ Date: _____