



Application Form

CLAAS

Branch / Location:

.....

Application for position as:

.....

Name of applicant:

.....

Please complete this form and return it to:

Simon Weeks

ANGLIA HARVESTERS LTD

Saxham, Bury St Edmunds

Suffolk, IP28 6QZ

Telephone: 01284 752815

Your reply will be treated as STRICTLY CONFIDENTIAL

Note: Please complete in your own handwriting.

1. PERSONAL DETAILS

Form section for personal details including fields for Surname, Other Names, Private Address, Private Telephone, Private Mobile, Business Telephone, Date of Birth (Optional), Age last birthday, Marital Status, Children Sex / Ages, Nationality, and driving license questions.

2. EDUCATION

Table for education details with columns: Dates, School, Subjects, Examinations, Results. Includes a second section for College/University.

3. SPECIAL COURSES

Table for special courses with columns: Dates, Type, Duration, Examinations, Results.

4. HEALTH

Any serious illnesses? (Details, Dates)

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Do you smoke? YES/ NO

5. OUTSIDE INTERESTS & ACTIVITIES:

Main interests and hobbies, memberships of clubs and societies

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6. REFERENCES:

Please give names and addresses of 3 referees to whom we may apply, including one from your present employer. These referees will not be approached without your permission, normally after an offer of appointment has been made.

Name	1.	2.	3.
Address			
Phone no.			
Capacity in which reference is given			

7. AVAILABILITY:

What effective period of notice do you have to give to your present employer?

8. PREVIOUS EXPERIENCE:

Name and address of present or most recent employer

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Occupation: Rate of Pay / Salary:

Bonus/Commission Pension Vehicle

Length of service: From: To:

Reason for leaving

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8. PREVIOUS EXPERIENCE: (Continued)

Name and address of previous employer

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Occupation: Rate of Pay / Salary:
Bonus/Commission Pension Vehicle
Length of service: From: To:
Reason for leaving
.....
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Name and address of previous employer

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.....
Occupation: Rate of Pay / Salary:
Bonus/Commission Pension Vehicle
Length of service: From: To:
Reason for leaving
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Name and address of previous employer

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Occupation: Rate of Pay / Salary:
Bonus/Commission Pension Vehicle
Length of service: From: To:
Reason for leaving
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Other employment history and relevant experience:

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9. ABOUT YOU:

Why do you want this job? What will you bring to the role?

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Do you know any current Claas group employees? YES/NO

If so, whom?

Please state where you saw this job role advertised:

I certify that the above information is correct and can be treated as any part of a subsequent contract of employment.

Signature:

Date:

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FOR OFFICE USE ONLY

Introduced by:

Comments

Interviewed by:

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Decision:

Authority:

.....

Date employment to commence

Position

Rate of Pay / Salary

Department

Clock No

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