

APPLICATION FORM

TITLE

LAST NAME

FIRSTNAME

ADDRESS

DATE OF BIRTH

PLACE OF BIRTH

TELEPHONE NUMBER

POSTCODE

EMAIL

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS

ARE YOU CLASSED AS AN ISLE OF MAN WORKER AS DEFINED IN THE
CONTROL OF EMPLOYMENT ACTS? **YES** **NO**

DO YOU HOLD A FULL, CURRENT ISLE OF MAN DRIVING LICENCE?
YES **NO**

DO YOU HAVE ANY CRIMINAL CONVICTIONS **YES** **NO**
If yes please provide details on a separate sheet

POSITION APPLYING FOR:

DO YOU HAVE ANY HEALTH ISSUES WHICH MAY AFFECT YOUR JOB

YES **NO**
If yes please provide details on a separate sheet

REFERENCE CHECK CONSENT **YES** **NO**

PLEASE LIST TWO REFEREES OF EMPLOYERS

NAME	TITLE	COMPANY	PHONE	EMAIL
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PLEASE NOTE THE ABOVE POSITION MAY BE SUBJECT TO A POLICE
CHECK DO YOU GIVE CONSENT **YES** **NO**

I CERTIFY THAT ALL THE ANSWERS ARE TRUE TO THE BEST OF MY
KNOWLEDGE
IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR
MISLEADING INFORMATION GIVEN MAY RESULT IN IMMEDIATE
DISMISSAL

SIGNED:

DATE: