



POWER SYSTEMS DESIGN SOLUTIONS LIMITED

APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLACK INK OR TYPE AND USE A4 SIZE PAPER ONLY AS CONTINUATION SHEETS

APPLICATION FOR THE POSITION OF

PERSONAL

SURNAME

FORENAMES

ADDRESS

POST CODE

HOME TELEPHONE No

BUSINESS

MOBILE TELEPHONE No

MAY WE CONTACT YOU AT WORK?

DO YOU HOLD A CURRENT DRIVING LICENCE?

ARE YOU A CAR OWNER?

EDUCATION

INDICATE SCHOOL/COLLEGE ATTENDED AND QUALIFICATIONS OBTAINED (PLEASE NOTE, PROOF OF ANY QUALIFICATIONS CLAIMED WILL BE REQUIRED AT INTERVIEW)

DATE QUALIFIED AND GRADE

PLEASE GIVE DETAILS OF MEMBERSHIP OF ANY PROFESSIONAL ASSOCIATIONS:

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CURRENT EMPLOYMENT

NAME, ADDRESS AND NATURE OF CURRENT EMPLOYER'S BUSINESS	STARTING DATE:
	STARTING SALARY:
	CURRENT SALARY:
	NOTICE REUIRED:
CURRENT POSITION HELD:	
SUMMARY OF RESONSIBILITIES:	

PREVIOUS EMPLOYMENT (COMMENCE WITH MOST RECENT POSTS)

FROM	TO	EMPLOYER'S NAME, ADDRESS AND NATURE OF BUSINESS	POSITION HELD, DETAILS OF RESPONSIBILITIES, FINAL SALARY AND REASON FOR LEAVING

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

TRAINING

PLEASE LIST ANY RELEVANT TRAINING RECEIVED IN ADDITION TO THAT LISTED OVERLEAF (E.G. SHORT COURSE/SEMINARS/WORKSHOPS)

MOTIVATION

PLEASE USE THIS SPACE TO INCLUDE ANY OTHER DETAILS OF YOUR SKILLS, KNOWLEDGE AND EXPERIENCE (GAINED BOTH IN AND OUT OF PAID EMPLOYMENT) WHICH RELATE TO THE JOB DESCRIPTION (PLEASE USE A SEPARATE SHEET IF NECESSARY)

PLEASE USE THIS SPACE TO EXPLAIN WHY YOU HAVE APPLIED FOR THIS JOB AND HOW YOU VIEW IT IN RELATION TO YOUR FUTURE CAREER PLAN

REFEREES

REFERENCES WILL BE SOUGHT PRIOR TO INTERVIEW UNLESS YOU SPECIFICALLY INDICATE OTHERWISE. ONE REFEREE SHOULD BE YOUR IMMEDIATE RECENT EMPLOYER

NAME	NAME
ADDRESS	ADDRESS
OCCUPATION	OCCUPATION
MAY WE CONTACT THEM PRIOR TO INTERVIEW?	MAY WE CONTACT THEM PRIOR TO INTERVIEW?

IF YOU CONSIDER IT NECESSARY, PLEASE GIVE ANY ADDITIONAL DETAILS OF EXPERIENCE OR ANY OTHER APPROPRIATE FACTS ON A SEPARATE SHEET

REHABILITATION OF OFFENDERS

ARE THERE ANY CRIMINAL OFFENCES FOR WHICH YOU HAVE CONVICTED, OTHER THAN THOSE WHICH ARE SPENT UNDER THE REHABILITATION OF OFFENDERS ACT 1974?

YES

NO

IF YES, PLEASE GIVE DETAILS:

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.....

I CERTIFY THAT ALL THE INFORMATION ON THIS FORM AND ANY ATTACHED SHEETS IS CORRECT. I UNDERSTAND THAT IF I HAVE KNOWINGLY PROVIDED FALSE MATERIAL OR WITHHELD INFORMATION IN SUPPORT OF MY APPLICATION I MAY BE DISMISSED FROM ANY POST GAINED AS A RESULT

SIGNATURE OF APPLICANT **DATE**

WHEN COMPLETED THIS APPLICATION FORM SHOULD BE RETURNED TO THE ADDRESS ON THE COVERING LETTER AND MARK THE ENVELOPE " CONFIDENTIAL – APPLICATION"

DATE PROTECTION

PSDS Ltd will use the information provided on this form to process your application for employment. In order to obtain references we may share some of the information provided on this form with your named referees, but will not be used for any other purposes.