



# COMMERCIAL APPLICATION FORM

Greetwell Place, 2 Limekiln Way, Lincoln, LN2 4US  
Telephone: (01522) 536020 Fax: (01522) 540007  
Email: [info@apragency.co.uk](mailto:info@apragency.co.uk)

ID	NI	Database (date & initials)
Student		Yes / No
Vegetarian		Yes / No

Please complete giving as much detail as possible – Delete Yes / No answers where applicable

First Name	Surname	Date of Birth	
Address		Age	
		Nationality	
Postcode	Email	NI No	
Tel No.	Passport/SAL No.		
Mobile No.	Name of Next of Kin		
Male/Female	Smoker	Yes / No	Contact No.

Work Permit Required	Yes / No (if yes, please submit for photocopying)	Visa expiry date:
Date Available	Notice Required	
Do you have any disability/illness which may affect your work		
Brief summary of qualifications		
Driving Licence	Yes / No	Car Owner
		Yes / No
Moped/Motorcycle	Yes / No	Cycle
		Yes / No
Driving Licence Number:		
Are you interested in Permanent or Temporary Positions or both ?		
Do you have a criminal record ?	Yes / No	Is your conviction spent ?
		Yes / No

PLEASE COMPLETE REGARDING YOUR PREVIOUS EXPERIENCE					
Accounts Experience – Please Describe		Publishing packages used			
Audio Typist (words per minute)		Receptionist Experience - tick			
Data Entry (keystrokes per minute)		Secretarial – Please Circle	Financial	Legal	Medical
Database packages used		Spreadsheet experience –tick			
Desk Top Publishing - tick		Spreadsheet packages used			
Email Experience - tick		Switchboard experience - please			
Field Sales Experience - tick		Telesales Experience - tick			
HR Qualified		WP Packages used			
Internet Experience - tick		Website Design - tick			
PA		Word Processing (words per minute)			

Certificates held		Skills Test Printout	Yes/No
Any other relevant information			

Please note: Payment **CANNOT** be made by cash.

PLEASE COMPLETE YOUR BANK DETAILS – ACCURATELY									
Bank/Building Society									
Roll No (Building Society only)									
Account No (8 numbers only)								Sort Code	
Name of Account Holder								Entry Confirmed	
FOR OFFICE USE ONLY									
Start Date:		Client:							
Pay:	£	Position:							
Payroll No:		Leaving Date:							

**Employment History (last 2 jobs) Current Employment/most recent first. Notice required if any.**

Current / Last Employer – Name & Address	Date Started	Date of Leaving	Salary / pay rate at Date of leaving	Your Job Title & Department
Reason for leaving (please give details)			Absence: Please tell us how many days you were absent from work and for any reason other than holiday	
Previous Employers - Name & Address	Date Started	Date of Leaving	Salary / pay rate at Date of leaving	Your Job Title & Department
Reason for leaving (please give details)			Absence: Please tell us how many days you were absent from work and for any reason other than holiday	

References – Previous employers only and / or character referee (not a family member)  
 Please note: Your current employer will not be contacted unless we have your permission to do so.

Contact Name + Position	Company Name	Address	Company Tel No.
Contact Name + Position	Company Name	Address	Company Tel No.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Date of interview		Interviewed by	
What specific type of work is required?				
What relevant experience does the applicant have?				
How many days / hours work is required?				
How long is the applicant available for work?				
What is the minimum take home pay required?				
Is transport required to and from work?				
How / where did you hear about APR?				
Why did you choose APR for work?				

**CONSULTANT NOTES:**

Identity Document Presented .....NI Document Presented..... Viewed By.....