



# APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE ALL RELEVANT SECTIONS OF THIS FORM AND RETURN IT ALONG WITH ANY ATTACHMENTS TO THE PANALUX HR DEPARTMENT.**

Please note that if you are submitting a current CV with your application you must still complete all relevant sections of this form. Any additional information you wish to submit (certificates etc.) must be a copy and not the original document.

A copy of our Candidate Privacy Notice is attached to this application form. Please ensure that you read and understand the contents of the Candidate Privacy Notice. You will need to sign and return a copy of the Candidate Privacy Notice to us with this application form in order for us to accept and consider your application.

**POSITION APPLIED FOR:**

**REFERENCE No:**

**HOW DID YOU LEARN ABOUT PANALUX?** NEWSPAPER/WEBSITE/WORD OF MOUTH etc.

## Personal Details

**FIRST NAME:** AS IT APPEARS ON YOUR BIRTH CERTIFICATE

**TITLE:** MR/MRS/MISS/DR etc.

**SURNAME/FAMILY NAME:** AS IT APPEARS ON YOUR BIRTH CERTIFICATE

**DATE OF APPLICATION:** DDMMYY

**ADDRESS:**  
  
**POST CODE:**

**HOME TELEPHONE:**

**MOBILE TELEPHONE:**

**E-MAIL ADDRESS:**

**DO YOU HAVE CURRENT VALID PERMISSION TO RESIDE AND WORK IN THE UNITED KINGDOM?** YES  NO   
IF 'NO' PLEASE ATTACH FULL CITIZENSHIP DETAILS ON A SEPARATE SHEET  
PLEASE TICK APPLICABLE

**DO YOU HOLD A CURRENT VALID UK or EU DRIVING LICENCE?** YES  NO  IF 'YES' PLEASE ATTACH A COPY OF YOUR LICENCE ALONG WITH A COPY OF YOUR COUNTERPART LICENCE (FORM D740) SHOWING ALL POINTS & OFFENCES  
PLEASE TICK APPLICABLE

**PLEASE PROVIDE DETAILS OF ANY POINTS, ENDORSEMENTS OR ANY OTHER MOTORING OFFENCES**

**DO YOU OWN YOUR OWN VEHICLE?** YES  NO   
PLEASE TICK APPLICABLE

**ARE YOU PREPARED TO DRIVE A COMPANY VEHICLE IF REQUESTED?** YES  NO   
PLEASE TICK APPLICABLE

**CURRENT EMPLOYMENT STATUS:** FULL TIME  PART TIME  SELF EMPLOYED  UNEMPLOYED   
PLEASE TICK APPLICABLE

**CURRENT SALARY:** £

**SALARY SOUGHT:** £

# Employment History

Please provide details of your last three employers, starting with your **current** employer

COMPANY NAME:																					
COMPANY ADDRESS:																					
DURATION OF EMPLOYMENT:		FROM:		D	D	M	M	Y	Y	Y	Y	TO:		D	D	M	M	Y	Y	Y	Y
POSITION HELD:							REPORTED TO:														
DUTIES AND RESPONSIBILITIES:																					
STARTING SALARY:							FINISHING SALARY:														
REASON FOR LEAVING:																					
MAY WE CONTACT THE ABOVE TO OBTAIN A REFERENCE?      YES <input type="checkbox"/> NO <input type="checkbox"/>																					

COMPANY NAME:																					
COMPANY ADDRESS:																					
DURATION OF EMPLOYMENT:		FROM:		D	D	M	M	Y	Y	Y	Y	TO:		D	D	M	M	Y	Y	Y	Y
POSITION HELD:							REPORTED TO:														
DUTIES AND RESPONSIBILITIES:																					
STARTING SALARY:							FINISHING SALARY:														
REASON FOR LEAVING:																					
MAY WE CONTACT THE ABOVE TO OBTAIN A REFERENCE?      YES <input type="checkbox"/> NO <input type="checkbox"/>																					

COMPANY NAME:																					
COMPANY ADDRESS:																					
DURATION OF EMPLOYMENT:		FROM:		D	D	M	M	Y	Y	Y	Y	TO:		D	D	M	M	Y	Y	Y	Y
POSITION HELD:							REPORTED TO:														
DUTIES AND RESPONSIBILITIES:																					
STARTING SALARY:							FINISHING SALARY:														
REASON FOR LEAVING:																					
MAY WE CONTACT THE ABOVE TO OBTAIN A REFERENCE?      YES <input type="checkbox"/> NO <input type="checkbox"/>																					

# General Information

Please complete the sections below adding any additional information which you feel is relevant to your application

**DO YOU SUFFER FROM ANY MEDICAL CONDITION OR HAVE ANY DISABILITY WHICH MAY REQUIRE THE COMPANY TO MAKE ADJUSTMENTS TO ENABLE YOU TO ATTEND AN INTERVIEW?** (eg: epilepsy, asthma, back problems)

YES  NO  IF 'YES' PLEASE PROVIDE FULL DETAILS BELOW

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**ARE YOU ABLE TO DO SHIFT WORK?** YES  NO

**ARE YOU ABLE TO WORK WEEKENDS?** YES  NO

**ARE YOU ABLE TO WORK NIGHT SHIFTS?** YES  NO

**IF YOU ARE CURRENTLY EMPLOYED, DO YOU HAVE TO WORK A NOTICE PERIOD:** YES  NO

**IF 'YES' HOW LONG IS THE NOTICE PERIOD:**

**DO YOU CURRENTLY HAVE ANY ADDITIONAL EMPLOYMENT** YES  NO

PART TIME WORK, EVENING WORK etc.

**CV ATTACHED?** YES  NO

IF POSSIBLE, PLEASE INCLUDE A CURRENT CV

**QUALIFICATIONS** PLEASE PROVIDE DETAILS OF ANY ACADEMIC OR PROFESSIONAL QUALIFICATIONS YOU HOLD, PARTICULARLY THOSE WHICH YOU FEEL ARE RELEVANT TO THE POSITION YOU ARE APPLYING FOR. THIS CAN INCLUDE MANUAL HANDLING, FIRST AID etc. WHERE RELEVANT, PLEASE ALSO INCLUDE COPIES OF CERTIFICATES RECEIVED.

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## HOBBIES & PASTIMES

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**DO YOU HAVE ANY CONVICTIONS, CAUTIONS, REPRIMANDS OR FINAL WARNINGS THAT ARE NOT 'PROTECTED' AS DEFINED BY THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 (AS AMENDED 2013)?** YES  NO  IF 'YES' PLEASE PROVIDE FULL DETAILS BELOW.

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The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website: (<https://www.gov.uk/government/news/disclosure-and-barring-service-filtering>).

## References

Please provide the name, of two recent employers that PANALUX may contact regarding your application for employment. Please note that these individuals **MUST NOT** be relatives or personal friends.

<b>COMPANY NAME:</b>
<b>CONTACT NAME:</b>
<b>POSITION:</b>
<b>COMPANY ADDRESS:</b>
<b>POST CODE:</b>
<b>TELEPHONE No:</b>

<b>COMPANY NAME:</b>
<b>CONTACT NAME:</b>
<b>POSITION:</b>
<b>COMPANY ADDRESS:</b>
<b>POST CODE:</b>
<b>TELEPHONE No:</b>

**PLEASE ENSURE THAT ALL RELEVANT SECTIONS ARE COMPLETED, EVEN IF YOU ARE ENCLOSING A CV. FORMS COMPLETED INCORRECTLY WILL NOT BE ACCEPTED.**

## Declaration

By signing and dating this Declaration and submitting this completed form, "Application For Employment", to PANALUX Limited ("the Company"):

1. I confirm that I have read and understand the attached Privacy Notice.
2. I hereby certify that the information provided by me is accurate and true and in the event that it is not the Company may not proceed with my application or may withdraw any offer or terminate my employment without notice.
3. I authorise the Company to seek references from my current and former employers.
4. Following an offer of employment I agree to submit to a physical examination and drug screening if required by the Company. I understand any offer of employment will be conditional on the Company being satisfied with the results of the examination and drug screening and that if the Company is not satisfied it may not proceed with my application or withdraw the offer or terminate employment without notice. I agree to submit to a physical examination or drug screening if required by the Company during my employment with the Company.
5. I consent to the Company obtaining a Disclosure and Barring Service (DBS) check. I understand that if the DBS check is not satisfactory to the Company the Company may not proceed with my application or may withdraw any offer or terminate my employment without notice.

<b>SIGNED:</b>	<b>DATE:</b>	D	D	M	M	Y	Y	Y	Y
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### PANALUX Limited

Waxlow Road, London NW10 7NU, United Kingdom  
Tel: (+44) 020 8233 7000 Fax: (+44) 020 8233 7001  
info@panalux.biz

The company is an equal opportunities employer