

APPLICATION FORM

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POSITION APPLIED FOR		AREAS CONSIDERED					
Surname Mr/Mrs/Ms/Miss (please delete as appropriate)		Forename					
Private Address		Telephone Numbers Private					
		Business Date of Birth Age Last Birthday					
Postcode		Date of Birth	Age Last Bittiday				
Marital Status		Place of Birth					
Number of Children and Ages		Nationality					
Notice period to present employer		Interests and Hobbies					
Do you hold a current Driving Licence?	Yes / No	Do you have any previous criminal convictions? Yes / No If yes, please give details					
FULL TIME AND FURTHER EDUCATION							
Dates	School, College, University	Subjects, E	xaminations, Results				
REFERENCES Please give name & addresses of two referees	s, one of whom should be your present e	mployer. (Referees will not be contact	ted without your prior permission).				
Name		Name					
Address		Address					
Position		Position					
MEDICAL HISTORY: Please give brief of		tions					
HOLIDAYS: Please give details of any ho	oliday commitments						
Il certify to the best of my knowledge, the particulars given on this form are correct. (If you knowingly make a false statement this shall constitute an act of gross misconduct and the Company may exercise its right of summary dismissions.)							
Signed		Date					

EMPLOYMENT HISTORY

Please start with your current employment and then give details of the two previous positions you held.

Dates		Name & Address	Business Position(s)	Position(s) Held	Job functions performed	Salary		Reasons for change of position or	
From	То	of Employer	Activity He	rielu		From £	To £	employment	
_									
		IFORMATION							

ADDITIONAL INFORMATION										_
Please use this space to add any other facts and achievements of importance relating to the position for which you have applied. If you require more space please continue on a separate sheet and attach it to this form.										
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