



APPLICATION FOR EMPLOYMENT

*At Grosvenor we treat our employees
exactly as we want them to treat our customers.*

*Work is either fun or a struggle,
it depends on your attitude
— at Grosvenor we like fun.*

*The secret of joy in work at Grosvenor
is contained in one word
— excellence.*

Thank you for applying for a position with Grosvenor.

Please complete all sections of this form in block capitals and continue on separate sheets as necessary.

POSITION APPLIED FOR:	
------------------------------	--

PERSONAL DETAILS

Name	Known as
Current Address	
Post Code	Email
Telephone No. Home	Telephone No. Mobile
Do you hold a full and current UK driving licence? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have any endorsements? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please give further details:	
How did you learn of this vacancy?	
Are you legally entitled to work in the UK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>(Successful applicants will be asked to provide proof of this prior to commencement of employment)</small>	

PERSONAL PROFILE

Please use this opportunity to explain the skills and personal qualities you possess to enable you to work successfully for us.

Tell us about a time when you have witnessed or experienced good customer service.

Why do you want to work for Grosvenor?

We are an equal opportunity employer and will not tolerate discrimination in any form. Appointments and promotions are made on the grounds of ability and suitability only.

EMPLOYMENT DETAILS

Please detail all periods of employment, self-employment, agency employment and unemployment in the last 10 years starting with the most recent.

Name of employer, position held and salary	Dates of employment		Brief summary of duties and reason for leaving
	From	To	

EDUCATION

Please give details of education, starting with the most recent.

Schools/Colleges attended	From	To	Qualification and grade gained

DAYS AND HOURS YOU CAN WORK

Please outline the days and hours of the week you would like to work.

Monday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Friday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Tuesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Saturday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Wednesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Sunday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Thursday	<input type="checkbox"/> AM	<input type="checkbox"/> PM			

ADDITIONAL INFORMATION

Do you have any unspent convictions? (Declaration subject to Rehabilitation of Offenders Act 1974) YES NO

Do you have any convictions pending? YES NO

Have you ever been declared bankrupt? YES NO

Have you any County Court Judgements against you? YES NO

Do you suffer from any disability and/or medical condition which may affect your ability to carry out the duties of the position for which you are applying? YES NO

If you have answered yes to any of the above questions, please supply further details:

(This information will enable us to make necessary arrangements and/or to consider what reasonable adjustments can be made to accommodate you)

How many days sickness absence have you had in the last twelve months?

DECLARATION

I declare that, to the best of my knowledge, the information supplied in this form is accurate and true in all respects.

Signed:	Date:
---------	-------