

General Information

Have you previously worked for the Company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and in what capacity?	If you know anyone working for Oswaldtwistle Mills please give details
How soon can you start work?	Dates of any holiday commitments
Additional information that may assist your application	

References

Please state if you do not wish us to contact them immediately.			
Name:		Name:	
Address:		Address:	
Position	Telephone Number	Position	Telephone Number

Criminal Record

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.
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Health Details (This information will remain confidential and is only used to help us place employees in a suitable environment)

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please specify any special arrangements for work associated with any impairment.
Please specify any special arrangements you will need to attend an interview.
Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.
Please detail any form of medicine, drugs or treatment you are currently receiving.
Please list all absences from work in the past 12 months and the reasons for such absences.

Declaration (Please read this carefully before signing this application)

I confirm that all the information I have provided in support of my application is true and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.	
Signed: _____	Date: _____

