



SONIC COMMUNICATIONS (INTERNATIONAL) LTD

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APPLICATION FOR EMPLOYMENT

Position Applied for:		Salary:	
Surname Mr/Mrs/Miss/Ms		Forenames:	
Married/Single/Widowed/Divorced Separated		Nationality:	
Age:	Date of Birth:	Place of Birth:	
Address:	Dependent Children:		Age
			No.
	Boys:		
	Girls:		
		Next of Kin:	
Tel No:		Relationship:	
Religion:			
Vehicle Owner:		Driving Licence:	

EDUCATION AND TRAINING

	Name and Addresses	Qualifications Obtained	Grades and Date
School(s) from age Eleven			
University/College (full time) or (part time) education			
Positions of responsibility held at School/University/College			
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Membership of Technical or Professional Associations	
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Details of short Courses or Seminars attended in last 3 years

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Are you at present studying? Present year of study or stage reached

Course or qualification?

Social Activities, Hobbies and Interests (State if member of any voluntary association and if holding office)

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Please describe any additional or specialised experience or qualifications, which you consider would be of particular use in the post for which you are applying.

PRESENT AND PREVIOUS EMPLOYMENT

No contact will be made with your present employer without your permission.

Have you applied to us for employment previously? YES/NO Date					
Employer's name and full address (present or last firm first)	From	To	Basic salary/wages Comm. Leaving		Position held including brief outline of duties
Reason for leaving:					
Period of notice required:					
Reason for leaving					
Reason for leaving					
Reason for leaving					

OTHER EMPLOYMENT SINCE LEAVING SCHOOL (WHERE APPLICABLE)

EMPLOYERS NAME/LOCATION	FROM	TO	JOB TITLE

Do you have a Criminal Record: **YES/NO**

If yes, please state details below.

Offence:

Date:

Sentence:

MEDICAL HISTORY

Do you or are you suffering from any disease, allergy, nervous complaint or medical condition which could affect your ability to perform this position:

Please give details and dates of any serious illnesses or accidents in the last 5 years, including Repetitive Strain Injury:

Please give details of any periods of illness which has caused you to be absent from work for more than 5 consecutive days during the last 5 years:

Are you prepared to be medically examined? **YES/NO**

REFERENCES: Have we your permission to ask any of your previous employers for a reference: **YES/NO**
NB Current employers will only be approached once you have accepted an offer of employment.

Name of person to whom we may refer: 1)

Designation:

Name of person to whom we may refer: 2)

Designation:

I declare that the aforementioned information is true and, if employed, I agree to undergo a medical examination at any time. I understand that any offer of employment will be subject to my references proving satisfactory.

Signature Date

INTERVIEW COMMENTS (for Company use)

Interviewed by 1)

2)

Engagement approved by Date letter of appointment issued

Commencement date Salary (Weekly/Monthly)

Report to