

The Prince of Wales

New Street, Sudbury, Suffolk. CO10 1JB.

Email: princesudbury@hotmail.co.uk

Tel: 01787 880151

PART TIME/FULL TIME APPLICATION FOR EMPLOYMENT FORM

Mr/Mrs/Miss	Job Applied for	Surname	First Name
	Other Names	Date of Birth	Home Address
	•••••		
	•••••	Post Code Hor	ne Telephone Number
		Email Addres	
Dependants	Driving License	Emergency Contact N	lame
-	hone	0 1	
	•	e you have to the position y	ou are applying for, or what
makes you suitab	ole for the position		
	•••••	•••••	
	•••••		
Diagon advice in	any narticular timas ar day	ro vou would not be eveilabl	a far ahifta
		ys you would not be availabl	
		Please could you adv	vias us shout any modical
	ave that we would need to	•	ise us about any medicat
-			
		Plea	oo toll up about vourself
Hobbies, interest		rlea	se tett us about yoursett.
-			
		Nat	
	Date of applicatio		ionat insurance Number
••••••	Date of application	II	
Please provide us	s with two references with	contact details. One should	d be your current or previous
employer. If this is not possible please advise as to why. We would not contact them unless you			
were successful in your application.			
			••••••
•••••	••••••	••••••	••••••