

**Please return to**

CCS Contract Cleaning Services Ltd  
Head Office  
Unit 7, Nobel Road  
Wester Gourdie Industrial Estate  
Dundee DD2 4UH

**CCS LIMITED  
EMPLOYMENT  
APPLICATION  
FORM**

**YOU WILL BE ASKED TO  
SUBMIT A PASSPORT  
SIZED PHOTOGRAPH  
YOU MAY SEND ONE  
WITH THIS FORM**

PLEASE ANSWER ALL QUESTIONS IN FULL AND IN YOUR OWN HANDWRITING  
(BLOCK CAPITALS)

POSITION APPLIED .....

DO YOUR CIRCUMSTANCES RESTRICT WHAT HOURS OR DAYS YOU ARE AVAILABLE FOR  
W.....

.....

**YOUR PERSONAL DETAILS**

SURNAME .....

PREVIOUS NAME .....

Date of Change .....

FORENAME .....

MR/MRS/MISS/MS ( Circle )

HOME ADDRESS .....

TELEPHONE NUMBER .....

.....

N. I. NUMBER .....

POST CODE .....

DATE OF BIRTH .....

EMAIL : .....

NATIONALITY .....

Date of entry into UK.....

Work Permit expiry date .....

Are you permitted to work in the UK ..... YES/NO (Circle )

Do you have your own transport? .....

How will you travel to this job? .....

Have you worked for CCS Cleaning services before? If yes, please give details of when and where :

.....  
Have you ever been convicted of any crime or offence? OR Cautioned. If yes, please give details:

.....  
.....

**RELEVANT CLEANING EXPERIENCE**

Are you a member of the British Institute of Cleaning Science (BICS) .....

What machines or other cleaning equipment can you use proficiently?

.....

**CURRENT EMPLOYMENT**

NAME AND ADDRESS OF PRESENT EMPLOYER	JOB TITLE AND DUTIES	RATES OF PAY

DATE EMPLOYMENT COMMENCED	REASONS FOR LEAVING	NOTICE REQUIRED

**PREVIOUS EMPLOYMENT**

NAME AND ADDRESS OF PREVIOUS EMPLOYER	FROM	TO	REASON FOR LEAVING	TITLE
1.				
2.				

***PLEASE READ CAREFULLY BEFORE SIGNING***

1.THE COMPANY WILL APPLY FOR REFERENCES TO PREVIOUS EMPLOYERS, BUT NOT TO YOUR CURRENT EMPLOYER UNTIL YOU ACCEPT A JOB OFFER. THERE MUST BE 2 REFERENCES ON FORM BEFORE APPLICATION CONSIDERED

IF YOU HAVE NOT BEEN EMPLOYED, PLEASE PROVIDE THE NAMES AND ADDRESSES OF TWO PERSONAL REFERENCES WHO HAVE GIVEN THEIR PERMISSION FOR THEIR NAMES TO BE USED. *THESE SHOULD NOT BE RELATIVES.*

1. NAME & ADDRESS

2. NAME & ADDRESS

.....

.....

.....

.....

TELE: .....

TELE:

.....  
PROBATIONARY PERIOD – I AGREE THAT MY EMPLOYMENT BY THE COMPANY WILL BE SUBJECT TO A PROBATIONARY PERIOD, SPECIFIED IN MY STARTER LETTER. A HEALTH QUESTIONAIRE WILL HAVE TO BE FILLED IN AFTER AN OFFER OF EMPLOYMENT HAS BEEN MADE.

Signed

Date