



Eximious Furniture Ltd is an Equal Opportunity Employer committed to the principles of the Disability Discrimination Act. Eximious Furniture Ltd welcomes applications from candidates with a disability.

Please complete and return form to:

Claire Geary, Eximious Furniture Ltd, Newton Road, Harrowbrook Industrial Estate, Hinckley. LE10 3DS

Please complete this form in black ink or typescript so that, if necessary, it may be photocopied
CVs will not be accepted in replacement of this form

CONTACT DETAILS

| | | | |
|----------------------------|--|------------------------------|--|
| SURNAME | | TITLE (MR/MRS/MS) | |
| FORENAME(S) | | | |
| HOME ADDRESS | | | |
| HOME PHONE NUMBER | | | |
| MOBILE PHONE NUMBER | | | |

QUALIFICATIONS

| SCHOOL/ COLLEGE/ UNIVERSITY | QUALIFICATION | SUBJECT (S) | GRADE | YEAR OF QUALIFICATION |
|--|----------------------|--------------------|--------------|----------------------------------|
| | | | | |

OTHER TRAINING

Please give details of training you have experienced to which you wish to draw particular attention

| TRAINING/COURSE TITLE | ORGANISING BODY | DURATION | MONTH/YEAR COMPLETED |
|-----------------------|-----------------|----------|----------------------|
| | | | |

WHAT PROFESSIONAL BODIES DO YOU BELONG TO?

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EMPLOYMENT DETAILS

CURRENT EMPLOYMENT

Please give details solely of your current post. If not in employment leave the employer details blank and give a brief outline of your current situation/occupation

| CURRENT EMPLOYER NAME & ADDRESS | POST TITLE | |
|---------------------------------|----------------|--|
| | DATE APPOINTED | |
| | LEAVING SALARY | |

MAIN DUTIES, RESPONSIBILITIES / OUTLINE OF CURRENT SITUATION

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PREVIOUS EXPERIENCE

Please complete in date order commencing with the most recent position

| EMPLOYER NAME & ADDRESS | POST TITLE, MAIN DUTIES AND REASON FOR LEAVING | SALARY/ WAGE | DATE FROM/TO |
|----------------------------|---|-----------------|-----------------|
| | | | |

| OTHER USEFUL EXPERIENCE e.g. Voluntary Work, Family Care, Study etc | DATE FROM/TO |
|--|--------------|
| | |

| | |
|---|--|
| REASON FOR APPLYING / ADDITIONAL INFORMATION | Give details of aspects of your achievements, education, experience, training and other skills that you feel are particularly relevant to this post. Please refer to attached person specification and give details of how you match the criteria. If necessary, attach a separate sheet of paper to this form. ONE ONLY |
| | |

PERSONAL DETAILS

| | |
|--|--|
| Have you ever been convicted of a criminal offence YES/NO (N.B. The Rehabilitation of Offenders Act 1974) If YES please give details. | |
| Do you hold a current driving licence? YES/NO | Are you related to anyone employed by Eximious? YES/NO If YES state relationship: |
| Hobbies and Interests | |

HEALTH

Eximious Furniture Ltd is committed to assisting candidates where necessary and making reasonable adjustments where relevant to enable the fulfilment of the post's responsibilities

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| Do you have a mental or physical impairment? YES/NO If YES , on a separate sheet please give details and advise what adjustments we could make to assist you to carry out the duties of the position. |
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REFEREES

Please give details of two referees, one of whom should be your present/most recent employer (Please note that no appointment will be made without first taking up at least one reference)

| | | OFFICE USE | |
|---|--|------------|------|
| | | RQSTD | RCVD |
| NAME | | | |
| POSITION | | | |
| COMPANY NAME | | | |
| ADDRESS | | | |
| TELEPHONE NO | | | |
| CAPACITY IN WHICH KNOWN | | | |
| May this referee be contacted without further authority from you? YES/NO | | | |
| NAME | | | |
| POSITION | | | |
| COMPANY NAME | | | |
| ADDRESS | | | |
| TELEPHONE NO | | | |
| CAPACITY IN WHICH KNOWN | | | |
| May this referee be contacted without further authority from you? YES/NO | | | |
| If offered this position when could you start? | | | |
| TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN ON THIS FORM IS CORRECT. I UNDERSTAND THAT GIVING FLASE INFORMATION WILL DISQUALIFY MY APPLICATION | | | |
| SIGNED: | | DATE: | |