Date

**APPLICATION FOR EMPLOYMENT**

MacDermid Performance Solutions is an Equal Opportunities Employer. We support the intention of Equal Opportunities legislation and the codes of practice on all aspects of Equal Opportunities and accept our obligations under them.

This form is designed to help us to assess your suitability for employment. Please complete it as fully as possible and return it to the Personnel Department at the above address.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SURNAME | | CHRISTIAN NAMES | | | | |
| PRESENT ADDRESS | | | | | | |
| HOME TEL No. | NATIONAL INSURANCE No. | | | | | NATIONALITY |
| POSITION APPLIED FOR: | | | | | | SOURCE OF APPLICATION |
| EDUCATION AND TRAINING | | | DATES | | EXAMINATIONS PASSED, INCLUDING GRADE DEGREES AND OTHER QUALIFICATIONS | |
|  | | | FROM | TO |  | |
| SCHOOLS | | |  |  |  | |
| UNIVERSITY, COLLEGE(S), APPRENTICESHIP ETC. | | |  |  |  | |
| OTHER TRAINING AND COURSES ATTENDED | | |  |  |  | |
| ADDITIONAL QUALIFICATIONS, MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS ETC. | | | | | | |
| LANGUAGES AND DEGREE OF FLUENCY | | | | | | |
| HOBBIES, SPORTS AND INTERESTS | | | | | | |

**PRESENT EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE FROM  SALARY | DATE TO  SALARY | EMPLOYER'S NAME AND ADDRESS | POSITION AND NATURE OF DUTIES |
| REASONS FOR WISHING TO LEAVE | | | NOTICE REQUIRED |

**PREVIOUS EMPLOYMENT**

(Chronological sequence beginning with last but one employer)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME AND ADDRESS OF EMPLOYER | DATE  FROM | DATE  TO | SALARY PROGRESSION | APPOINTMENTS HELD  Nature of duties and reasons for leaving |
|  |  |  |  |  |
| WHAT SKILLS AND EXPERIENCE DO YOU HAVE, THAT ARE PARTICULARLY RELEVANT TO THIS POSITION? | | | | |

(Please attach additional sheets if required)

**REFEREES**

Please give names and addresses of two referees. These should normally be your last two employers or academic staff in the case of graduates/school leavers

|  |  |
| --- | --- |
| NAME | ADDRESS |
| (1)  (2) |  |

**SIGNATURE DATE (DD/MM/YYYY)**

|  |  |  |
| --- | --- | --- |
|  |  |  |