



# Application Form

**CLAAS**

Branch / Location:

.....

Application for position as:

.....

Please complete this form and return it to:

Steve McCahill

WESTERN HARVESTERS LTD  
Old Walls, Ablington, Bibury, Cirencester  
Gloucestershire GL7 5NX

Telephone: 01285 740408

Your reply will be treated as  
STRICTLY CONFIDENTIAL

Note: Please complete in your own handwriting.

1. PERSONAL DETAILS

Surname ..... Other Names .....

Private Address ..... Private Telephone .....

..... Private Mobile .....

..... Business Telephone .....

..... Date of Birth (Optional) ..... Age last birthday .....

Marital Status .....

Children Sex / Ages ..... Nationality .....

Do you hold a current Driving License? YES/NO

Have you ever been convicted of a serious driving or criminal offence? YES/NO

2. EDUCATION

Dates	School	Subjects	Examinations	Results
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Dates	College, University	Subjects	Examinations	Results
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

3. SPECIAL COURSES

Dates	Type	Duration	Examinations	Results
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

#### 4. HEALTH

Any serious illnesses? (Details, Dates)

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Do you smoke? YES/ NO

#### 5. OUTSIDE INTERESTS & ACTIVITIES:

Main interests and hobbies, memberships of clubs and societies

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#### 6. REFERENCES:

Please give names and addresses of 3 referees to whom we may apply, including one from your present employer. These referees will not be approached without your permission, normally after an offer of appointment has been made.

Name	1.	2.	3.
Address			
Phone no.			
Capacity in which reference is given			

#### 7. AVAILABILITY:

What effective period of notice do you have to give to your present employer?

#### 8. PREVIOUS EXPERIENCE:

Name and address of present or most recent employer

.....  
.....

Occupation: Rate of Pay / Salary:

Bonus/Commission Pension Vehicle

Length of service: From: To:

Reason for leaving

.....  
.....

**8. PREVIOUS EXPERIENCE: (Continued)**

**Name and address of previous employer**

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Occupation: Rate of Pay / Salary:

Bonus/Commission Pension Vehicle

Length of service: From: To:

Reason for leaving

.....

**Name and address of previous employer**

.....

.....

Occupation: Rate of Pay / Salary:

Bonus/Commission Pension Vehicle

Length of service: From: To:

Reason for leaving

.....

**Name and address of previous employer**

.....

.....

Occupation: Rate of Pay / Salary:

Bonus/Commission Pension Vehicle

Length of service: From: To:

Reason for leaving

.....

**Other employment history and relevant experience:**

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**9. ABOUT YOU:**

Why do you want this job? What will you bring to the role?

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Do you know any current Claas group employees? YES/NO

If so, whom?

Please state where you saw this job role advertised:

I certify that the above information is correct and can be treated as any part of a subsequent contract of employment.

Signature:

Date:

.....

**FOR OFFICE USE ONLY**

Introduced by:

Comments

Interviewed by:

.....

Decision:

Authority:

.....

Date employment to commence

Position

Rate of Pay / Salary

Department

Clock No

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