



Innovia Films Ltd – Station Road, Wigton, Cumbria, CA7 9BG, UK

***Apprenticeship***  
**A p p l i c a t i o n   f o r   E m p l o y m e n t**

Please complete this form using BLOCK capitals and return to:  
Human Resources Department, Innovia Films Ltd, Wigton, Cumbria, CA7 9BG, UK or  
[HR.admin@innoviafilms.com](mailto:HR.admin@innoviafilms.com).

Type of job applied for					
If you are a school leaver please tick employment sought (below)					
Mechanical	Electrical	Manufacturing Technician	Laboratory	Business Administration	IT / IS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are applying for an advertised vacancy, from what source did you learn of it?
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**Personal Details**

(Dr, Mr, Mrs, Miss, Ms) (please delete as appropriate) Surname	Forename(s)
Home Address	Address for Correspondence (if different from home address)
Post Code	Post Code
Home Telephone Number (including STD code)	Telephone Number (including STD code)
Mobile Telephone Number	E-mail Address

Place of Birth	Nationality
National Insurance Number	Worker Registration Number

Please give date(s) on which you will not be available for interview, for example annual holidays
Period of notice required, or date you left, or will leave school

Do you hold a current full driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own a car/motorcycle? (please delete as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you any current endorsements (give details)		

Are you eligible to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require a work permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If Yes, please give details below

Have you previously been employed by the Company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details below (dates employed, positions held etc)		

**Interests**

Please outline your interests outside work (membership of clubs, organisations, any spare time offices etc). Include also any positions of responsibility held.

**Education and Qualifications**

<u>Secondary Education</u>				
Name of School/College	From	To	Subject	Grade/Level*

\* or forecasted grades (school leavers only)

<u>Further and Higher Education (Including Apprenticeships)</u> (if applicable)				
Name of Establishment	From	To	Subject/Trade	Grade/Level

<u>Qualifications currently being studied for</u> (if applicable)			
Name of College/University	Subject	Level	Expected Grade

<u>Professional/ External Training/ Special courses/ Government Training etc.</u> (if applicable) (continue on a separate sheet if necessary)			
College/Institute	Qualification	Level	Date(s)

<u>Membership of professional bodies/ organisations</u> (if applicable)		
Name of Body	Grade/Level/Position	Date of Registration

**Employment History** (Include any unpaid or voluntary work)  
(Continue on a separate sheet if necessary)

Name and Address of Previous Employers and Nature of Business (most recent first)	Post Held/Nature of Work/ Responsibilities	From	To	Reason for Leaving
Current Salary/Wage (including any bonuses/benefits):			£	per

<p>If offered this position will you continue to work in any other capacity? (including voluntary work)</p> <p>If Yes, please give details below</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p> </p>	

### **References**

<p>Please give details of <u>two</u> referees, one of whom should be your current or most recent employer or school tutor (school leavers only).</p> <p>Have you any objection to your referees being contacted? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, no contact will be made without your prior permission.</p>	
Name/Title	Name/Title
Address	Address
Telephone Number (including STD code)	Telephone Number (including STD code)
E-Mail Address	E-Mail Address
Relationship/Occupation	Relationship/Occupation

### **Declaration**

<p>I understand that any offer of employment will be subject to satisfactory references and completion of a medical, the results of which are satisfactory to the Company.</p> <p>I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement, or essential facts concealed, may be sufficient cause to disqualify my application, or if employed, lead to my dismissal.</p>	
Signature	Date