**Application for the position of:**

**Sales & Project Manager**

**(Expand Boxes As Required)**

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename(s) |  |
| Address (for correspondence) |  |
| Email Address |  |
| Telephone Number (home) |  |
| Telephone Number (mobile) |  |

**Present/Most Recent Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| EmployerName and Address | Job title and brief description of duties | Dates of employment | Salary |
|  |  |  |  |
| Reason for Leaving |  | Notice required |  |

**Previous Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| EmployerName and Address | Job title and brief description of duties | Dates of employment | Salary |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Education** (Please start with your most recent qualifications)

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Subject Details | Dates | Qualification/Grades |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Please detail any additional training you have completed. |
|  |

|  |
| --- |
| Membership of Professional Bodies |
|  |

|  |
| --- |
| Details of Unpaid / Voluntary Work |
|  |

**Supporting Statement**

Please provide a 2 page concise account of relevant experience, achievements, skills and abilities in support of this application. It is important to relate this to the criteria provided in the person specification.

Please use additional sheets if necessary, however DO NOT use a CV in place of this section.

**References**

*Please give the name and address of two work related referees, stating their job title/relationship.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Job Title |  |
| Address (for correspondence) |  |
| Email Address |  |
| Telephone Number (home) |  |
| Relationship  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Job Title |  |
| Address (for correspondence) |  |
| Email Address |  |
| Telephone Number (home) |  |
| Relationship  |  |

### Absence

*Please indicate details relating to your sickness absence levels in the last two years*

|  |  |
| --- | --- |
| Number of instances of sickness  |  |
| Total no of sick days |  |
| Reason  |  |

**Disclosure**

Please confirm all information given is accurate.

I understand that any misrepresentation may lead to this application and/or subsequent employment being terminated. This information will be used for administration purposes.

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Please tell us where you heard about this vacancy |  |

Please email all completed application forms to vacancies@pas-sound.co.uk