



**Dermapure**  
Skincare Science

# Application For Employment

PERSONAL DETAILS	
Surname Mr / Mrs / Miss / Ms	First Names
Full Address	
Landline Phone No.	Mobile Phone No.
Are you over 18 years of age	Marital Status
National Insurance No.	Do you need a work permit to work in the UK. <input type="checkbox"/> YES <input type="checkbox"/> NO
Next of Kin, Name	Relationship of Next of Kin
Next of Kin, Full Address (if different from Above)	
Landline Phone No.	Mobile Phone No.
Have you ever been convicted of an offence that is not spent under the Rehabilitation of Offenders Act 1974? <input type="checkbox"/> No <input type="checkbox"/> Yes Please give details	
AVAILABILITY FOR WORK	
Please indicate any particular hours and/or days you <u>will not</u> be available for work:	Are you prepared to work weekends <input type="checkbox"/> Yes <input type="checkbox"/> No Are you prepared to work evenings <input type="checkbox"/> Yes <input type="checkbox"/> No Are you prepared to work bank holidays <input type="checkbox"/> Yes <input type="checkbox"/> No
HOW DID YOU HEAR ABOUT US	
How did you hear about the vacancy you are applying for? <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Job Centre <input type="checkbox"/> Word of Mouth	
REFERENCES	
Please provide the names and addresses of two employers who are willing to act as referees. If self employed, references should be supplied from others with whom you have had regular business dealings. No approach will be made to any present employer without your permission.	
Name	Name
Address	Address
email address (if applicable)	email address (if applicable)
Contact phone No.	Contact phone No.
Capacity in which you are known by referee and for how long	Capacity in which you are known by referee and for how long
Can we contact this referee immediately <input type="checkbox"/> YES <input type="checkbox"/> NO	Can we contact this referee immediately <input type="checkbox"/> YES <input type="checkbox"/> NO
DECLARATION	
I confirm that the information given in this application is correct to the best of my knowledge and I understand that any deliberate misstatement or non-disclosure renders me liable to disqualification or dismissal if employed	
Signed	Date

DATA PROTECTION ACT. THE INFORMATION GIVEN IN THIS FORM WILL BE USED SOLELY FOR THE PURPOSE OF PROCESSING YOUR APPLICATION AND WILL NOT BE PASSED TO ANY THIRD PARTY.

**Please complete the form above and post it along with your Curriculum Vitae and covering letter to:**

Dermapure Ltd, Unit 20 Trade City, Avro Way, Brooklands, Weybridge KT130YF. Alternatively, please scan and email to [info@dermapure.eu](mailto:info@dermapure.eu)

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