

Davison's Ice Cream

Mill Road

Phone: 01624 844111

Peel, Isle of Man

Fax: 01624 842530

Job Application Form

Personal Information

First Name	Last Name	Email	
House Name/ no	Street Name.	Town.	Post Code
		Home Phone No:	Mobile Phone No:
Do you need a work permit to work on the island ? (Please Circle)		Yes	No
		Date of Birth	
Have you been arrested or convicted by the Police or a court of law in the past 7 years? (Please Circle)		Yes	No
		If yes please explain:	
What Position are you applying for ?	How did you hear about the position ?		
What hours are you available to work?	Are you available to work weekends?(Please Circle)	Yes	Date Available from ?
		No	

Prior Work Experience

	Current or Most Recent	Prior
Employer		
Address		
Post Code		
Telephone Number		
Name of immediate Supervisor		
Dates of employment		
Position/ Job Title		
Reason for leaving		
May we Contact Them	Yes No	Yes No
If the answer to any of the above is no please state why:		

Education

	Name/ Location	Qualifications achieved to date
Secondary School		
College/ University		

Disclaimer - By signing this I hereby certify that the information given above is to the best of my knowledge correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to becontacted regarding work records.	Signature	Date
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