

Apprentice Application Form 2024

Closing date 26th April 2024

Please tick which Apprenticeship you are applying for:					
Scaffolder [■ Bricklayer	Plumber		
(Electrician	Joiner	☐ Plant Mech	anic	
Personal Deta	ails				
First Name:		Surname:			
Address:					
		Postcode:			
Home Tel:					
Date of Birth:		Email address			
Medical Please provide details of any health conditions which may affect you when attending an interview at work:					
Do you require any special arrangements or facilities at an interview?					
If Yes, please give details:					
Education Please state your current or most recent School or College: Date from: Date			Date to:		
Exam Results Provide grades or anticipated grades plus the level i.e. Foundation / Intermediate / Higher Subject Grade Level					

Why are you interested in an Apprenticeship?			
What interests you about your chosen Apprenticeship trade?			
What are your recreational hobbies and interests?			
Have you had any previous paid work?			
Declaration I confirm that the information provided on this form is true and complete to the best of my knowledge. Any false statement may be sufficient cause for rejection, or if employed, dismissal. I also give permission for William Davis Ltd to obtain a reference from my school/college, or current employer.			
Signature: Date:			
Please complete this form in full and return it by 26 th April 2024 to:			
Melissa Cook, William Davis Limited, Forest Field, Forest Road, Loughborough, Leics. LE11 3NS			

Melissa.Cook@williamdavis.co.uk 01509 638 377