

DETAILS OF PREVIOUS EMPLOYMENT (in date order, most recent first)**Please complete in detail, failure to do so may result in disqualification. Any gaps in your employment or academic history should be explained.**

From		To		Responsible to	
Your job title				Number reporting directly to you	
Employer's Name and Address				Gross salary/wage on leaving	
				Main duties	
Nature of business					
				No of employees	
Reason for leaving					

From		To		Responsible to	
Your job title				Number reporting directly to you	
Employer's Name and Address				Gross salary/wage on leaving	
				Main duties	
Nature of business					
				No of employees	
Reason for leaving					

From		To		Responsible to	
Your job title				Number reporting directly to you	
Employer's Name and Address				Gross salary/wage on leaving	
				Main duties	
Nature of business					
				No of employees	
Reason for leaving					

From		To		Responsible to	
Your job title				Number reporting directly to you	
Employer's Name and Address				Gross salary/wage on leaving	
				Main duties	
Nature of business					
				No of employees	
Reason for leaving					

GENERAL EDUCATION

Please give details of schools attended in date order

Dates (Month/Year)		Name and address of school (Secondary only)
From	To	
/	/	
/	/	
/	/	
/	/	

FURTHER EDUCATION AND TRAINING

Please give details of education since leaving school including training courses.

Dates (Month/Year)		University, College, or organisation	Course	FT/PT	Result
From	To				
/	/				
/	/				
/	/				
/	/				
/	/				
/	/				

EXAMINATION RESULTS / QUALIFICATIONS OBTAINED

Date (M/Y)	Subject/Examination/Grade	Date (M/Y)	Subject/Examination/Grade
/		/	
/		/	
/		/	
/		/	
/		/	
/		/	

HEALTH

Height		To the best of your knowledge are you fit to perform the duties involved in the position applied for?	YES/NO
Weight		Would you be willing to have a medical examination if required?	YES/NO
Have you had a serious accident at work or elsewhere?			YES/NO
If YES give details			
Have you had problems such as heart trouble, seizures and back problems?			YES/NO
If YES give details			
Are you currently under the care of a doctor or other medical professional?			YES/NO
If YES give details			
Do you have any special requirements which we as an employer would need to consider?			YES/NO
If YES give details			
Please describe your smoking habits			

PRACTICAL SKILLS

Summarise any specialist training received or job skills acquired.

FOREIGN LANGUAGES State
languages by proficiency
Weak**Fair****Fluent**

GENERAL

What are your main interests, sports and hobbies?	
---	--

To which clubs or societies do you belong?	
--	--

Give details of other employment (including part-time or night work) which you intend to continue.
--

Give details of any other commitments which may limit working hours eg judicial, military or local government.
--

Give details of any courses you are currently pursuing.

Have you ever been dismissed from employment?	YES/NO
---	--------

If YES give reason

Do you have any responsibilities (eg dependents) that could affect your ability to fully carry out the duties of the post?	YES/NO
--	--------

If YES give details

Do you have a criminal record considered as not spent?	YES/NO
--	--------

Our screening procedure involves the inspection of original documentation proving eligibility to work in the UK e.g a British passport, P45, P60, National Insurance Card, inspection of original documentation confirming academic qualifications, an approach to previous employers to confirm employment history and two up to date character references.	YES/NO
--	--------

Would you be able to produce such documentation?
--

Your living accommodation eg owner, occupied house, rented	
--	--

Would you have to move home if offered this job?	YES/NO
--	--------

AVAILABILITY Please give details

When would you be available for interview?	
--	--

If offered this job when could you start?	
---	--

Do you have any holiday commitments?	
--------------------------------------	--

How did you hear about this job?	
----------------------------------	--

Do you know anyone in our employment? (give names)	
--	--

DECLARATION Please read carefully, then sign and date your application

I confirm that the above information is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made. I also understand that questions left unanswered may be discussed at interviews arising from this application.
--

Applicant signature:	Date:
----------------------	-------

Applications for Employment with Bruker Group Companies

Data Protection

The information you provide will be held in a secure place, will not be divulged outside of the Company unless required to do so by law or within the Company except as required for the purposes of evaluating your application, and will be used only for purposes connected directly with your application for employment.

Unless you make a specific request in writing for the information you supply in connection with this application to be retained for use should another vacancy arise, it will be retained on file for a period of no longer than six months after which time it will be destroyed.