WORK EXPERIENCE APPLICATION FORM

Thank you for your interest in ROCKWOOL. Please complete this application form and return it to the HR department: recruitment@rockwool.co.uk

Personal details

Surname:		Forename/s:	
Date of birth:		Full name of parent or guardian (if under 18)	

Contact address:	

Contact details:	Phone:		Email address:	
Parent/ Guardian contact details	Phone:		Email address:	

Name of school / University & contact details:	
Details of course and qualification:	

Do you have a health condition, disability or are you taking any medication that we need to be aware of? Details:	YES / NO

Have you ever been convicted of a criminal offence? You do not have to declare any spent convictions as defined under the Rehabilitation of Offenders Act 1974. Details:	YES / NO

Dates requested

Work experience dates requested: From (date):	To (date):