

POSITION APPLIED FOR:

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:				First Name	e(s):			
Address:								
Email Address	3:					P	ostcode:	
Contact Tel. No:			Mobile Tel No:					
Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?					YES/NO			
If YES, please	give fu	ull details.						
Are you subject to any restrictions or covenants which might restrict your working activities?					\$?	YES/NO		
If YES, please give full details								
Are you willing to work overtime and weekends if required?					YES/NO			
Please give details of any hours which you would not wish to work:								
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?				YES/NO				
If YES, please give full details								
If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment?						YES/NO		
Have you ever worked for this Company before?						YES/NO		
If YES, please give full details								
Have you applied for employment with this Company before?						YES/NO		
Do you need a work permit to take up employment in the UK?					YES/NO			
How much notice are you required to give to your current employer?								
Please state your approximate salary expectations? £				£				



Employment Application Form

EDUCATION

Schools attended since age 11	From	То	Examinations and Results
		т.	
College or University	From	То	Courses and Results
Further Formal Training	From	То	Diploma/Qualification
Job related Training Courses	Date		Subject
Name of Organisation			

Please give details of membership of any technical or professional associations:

Please list any foreign languages spoken and the level of competence:



EMPLOYMENT DETAILS

PRESENT OR LAST EMPLOYER

Are you currently employed?

YES/NO

Name of present or last	employer:				
-					
Address:					
f					
Telephone No:					
Nature of business:					
Job title and a brief description of your duties:					
Reason for leaving:		Salary on leaving:			
Length of Service:	From:	То:			

Please give details of your past employment, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving



INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature: Date:

REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?



Employment Application Form

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Page No:	5 of 5