

JOB APPLICATION FORM

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

Position Applied for:	
Available to take up employment from:	
Prepare to work:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/>

PERSONAL DETAILS

Title: (Delete) Mr/Mrs/Miss	
Last Name:	
First Name:	
Address:	
Post Code:	
Telephone:	
Email address:	
Nationality:	

Do you own a car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have a current driving licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any current endorsements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, Please give details below:</i>		

<p>Do you need a work permit to work in the UK?</p> <p>If you are invited to an interview with the company, you will be required to produce a Qualifying Document as required by the Asylum Immigration Act 1996.</p> <p>Please remember it must be the original document. Do NOT enclose it with your application</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

EMPLOYMENT HISTORY

PREVIOUS EMPLOYMENT starting with most recent.	
Name of Employer:	
Type of employment:	
Post Title:	
Address:	
Post code	
Telephone:	
Email address:	
Start date (DD/MM/YY)	
Leaving date (DD/MM/YY)	
Salary:	
Brief description of duties:	
Period of Notice:	
Reason for leaving:	

EMPLOYMENT	
Name of Employer:	
Type of employment:	
Post Title:	
Address:	
Post code	
Telephone:	
Email address:	
Start date (DD/MM/YY)	
Leaving date (DD/MM/YY)	
Salary:	
Brief description of duties:	
Period of Notice:	
Reason for leaving:	

EMPLOYMENT	
Name of Employer:	
Type of employment:	

Post Title:	
Address:	
Post code	
Telephone:	
Email address:	
Start date (DD/MM/YY)	
Leaving date (DD/MM/YY)	
Salary:	
Brief description of duties:	
Period of Notice:	
Reason for leaving:	

EMPLOYMENT GAPS

You were not in employment:	
From date (DD/MM/YY)	
To Date (DD/MM/YY)	
Reason:	

You were not in employment:	
From date (DD/MM/YY)	
To Date (DD/MM/YY)	
Reason:	

You were not in employment:	
From date (DD/MM/YY)	
To Date (DD/MM/YY)	
Reason:	

EDUCATION

EDUCATION			
Schools attended from age 11	From	To	Examinations and results

FURTHER EDUCATION			
Place of education	From	To	Qualification obtained

TRAINING AND DEVELOPMENT - Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.		
Title of Training Programme or Course	Date:	Duration of the Course

Continue a separate sheet if necessary

PERSONAL STATEMENT

Abilities, skills, knowledge, and experience.
Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used

--

HEALTH

Are you in good health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any disabilities which we need to be aware of (due to the nature of the work applied for?) <i>If yes, Please give details:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/> RDP No <input type="checkbox"/>
Number of days illness in the last 2 years?		
Do you have any personal commitments which could affect your application? <i>If yes, Please give details:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REHABILITATION OF OFFENDERS ACT (1974)

Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details / dates of offence(s) and sentence		
Do you have or have you ever had a history of substance abuse (drugs, alcohol)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details		
Membership professional organisation or trade union?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REFERENCES

References suitable to the Company will be required before employment is confirmed. Please give details below of two most recent employment references.

If you have not been previously employed, please give details below of two persons to whom the Company can apply for references. (Suitable persons may be a school teacher or college tutor) **not family**.

We will automatically write to your LAST EMPLOYER for a reference

Name of 1 st Reference:	
Company Name:	
Address:	
Post Code	
Email Address:	
Telephone No:	
Occupation:	
Email address:	
Start date (DD/MM/YY)	
Leaving date (DD/MM/YY)	
Is there anything we need to know about your references?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, What do you want us to know?	

Name of 2 ⁿ Reference:	
Company Name:	
Address:	
Post Code	
Email Address:	
Telephone No:	
Occupation:	
Email address:	
Start date (DD/MM/YY)	
Leaving date (DD/MM/YY)	

Is there anything we need to know about your references?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, What do you want us to know?	

Please be aware that we will not proceed with this application if we do not have the correct information regarding references names, address and telephone number.

RECRUITMENT EQUAL OPPORTUNITY MONITORING FORM

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?
Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White		B. Mixed	
• White UK	<input type="checkbox"/>	• White & Black Caribbean	<input type="checkbox"/>
• Irish	<input type="checkbox"/>	• White & Black African	<input type="checkbox"/>
• White non-UK	<input type="checkbox"/>	• White & Asian	<input type="checkbox"/>
• Any other White background (Please give details):	<input type="checkbox"/>	• Any other Mixed background (please give details):	<input type="checkbox"/>

C. Black or Black British		D. Chinese or other ethnic group	
• Black Caribbean	<input type="checkbox"/>	• Chinese	<input type="checkbox"/>
• Black African	<input type="checkbox"/>	• Vietnamese	<input type="checkbox"/>
• Any other Black background (please give details):	<input type="checkbox"/>	• Any other ethnic background (please give details):	<input type="checkbox"/>

E. Asian or Asian British		F. I do not wish to provide this information	
• Indian	<input type="checkbox"/>		<input type="checkbox"/>
• Pakistani	<input type="checkbox"/>		

• Bangladeshi	<input type="checkbox"/>		
• Any other Asian background (please give details):			

Gender:	• Male	<input type="checkbox"/>	• Female	<input type="checkbox"/>
<i>Disability is defined as "physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities".</i>				
Do you consider yourself disabled?	• YES	<input type="checkbox"/>	• NO	<input type="checkbox"/>
If yes, please give details:				

Age Group					
16-25	<input type="checkbox"/>	26-35	<input type="checkbox"/>	36-45	<input type="checkbox"/>
46-55	<input type="checkbox"/>	56-65	<input type="checkbox"/>	66-70	<input type="checkbox"/>
Over 70	<input type="checkbox"/>				

Name:	
Post Applied For:	
Date:	
Signature:	

DECLARATION

DECLARATION

Please read this carefully before signing this application

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered immediately.
2. I hereby give my authority for the organisation to contact my own doctor for any further details on my state of health
3. I agree that the organisation reserves the right to obtain a 'DBS' Disclosure and Barring Service Check for any details on any criminal convictions on my record, and I hereby give my authority for the organisation to proceed with this.
4. I agree that the organisation reserves the right to require me to undergo a medical examination
5. I have received a job description

Signed:

Date:

Thank you for your interest in this post. If you are returning this form by email, you will be asked to sign your application at interview.