

Application For Employment



APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL
Return This Form To:

Ref No.

POSITION APPLIED FOR

Surname	Forname (s)	Title
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Address	Post Code
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Date Of Birth	Telephone Number
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Ni No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Current Driving Licence? Yes/No	Details Of Endorsements
Groups: Expiry Date:	

Are there any restrictions on you taking up employment in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes please provide details)
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EDUCATION HISTORY

Schools	Qualifications Gained
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College/University	Qualifications Gained
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Other Training

Application For Employment



OTHER EMPLOYMENT

EMPLOYMENT HISTORY (Please complete in full and on a separate sheet if necessary)

FROM_TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH SALARY	REASON FOR LEAVING

Notice required in current post:

Application For Employment



REFERENCES

Please note here the names and addresses of two persons whom the company may obtain both character and work experience

1.

2.

LEISURE

Please note here your interests, sports and hobbies, other pastimes etc.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the rehabilitation of offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory disclosure from Criminal Records Bureau/Scottish Criminal Records Office

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to the post

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HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? Yes ☐ No ☐

Please specify any special arrangements for work associated with any impairment.

Please specify special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

DECLARATION (Please read 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 contract offered.
2. I agree that the organisation reserves the right to require me undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting the doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated

Signed:

Date: