

Application for Employment

Surname:	Forename(s):
Title:	National Insurance Number:
Address:	Telephone: Day: Mobile: Evening:
Current Driving Licence: Yes / No	
Current Driving Licence Number:	
Details of any Endorsements:	

Position Applied for:	Would you continue working in any other capacity if you were offered this position?
What date will you be available to start work?	

Health Details

Please list any diseases, disorders or allergies from which you suffer or have suffered in the past:
Please detail any medicine, drugs, or treatment that you are currently and/or regularly receive:
Please list all absences from work over the past 12 months stating the reasons for the absence:
Do you have any form of disability? Yes / No
If yes, please give details of how we could help you to overcome these limitations:
Would you be prepared to have a medical examination if required? Yes / No

Criminal Record

Please list any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none state "none".

Are you a UK or European Union National?

Yes / No

If you are not please attach the relevant documentation stating your eligibility for employment in the U.K.

Education

Schools/Colleges/University	Dates attended	Qualifications Gained

Skills / Courses

Please state any skills you have, or courses you have attended relevant to the position you have applied for.

Do you speak or read a foreign language? (Please give details)

Employment History

Dates Employed	Name and Address of employer	Job Title and description of duties	Rate of pay	Reason for leaving

(Please continue on a separate piece of A4 paper if required)

Please state any reason for any gaps in employment:

Have you ever worked for this Company before?

Yes / No

If yes, please give details including dates:

Interests and Hobbies

Please state your leisure interests, sports and hobbies:

References

Please give the names and addresses of two people to whom we can apply for a reference. One of these should be your previous or current employer. If you do not want us to contact them, unless we offer you the position please tick the box. ✓

1)

Name:

Address:

Position:

Name of company:

Length of time known:

Telephone Number:

2)

Name:

Address:

Position:

Name of company:

Length of time known:

Telephone Number:

Declaration

1. I confirm that the information provided on this application form is accurate and correct. I understand that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

2. I hereby give my authority for the organisation to contact my doctor for any further information regarding my state of health.

Print Name:.....

Signed.....Date:.....