



APPLICATION FOR EMPLOYMENT

Position Applied For

Ref. No.

PERSONAL DETAILS

Surname Forename(s) Title

Address

Postcode Contact Telephone No.

Date of Birth

Do you hold a current driving licence? YES NO

If YES, Groups

Endorsements

EDUCATION (from Secondary level)

Dates

School / College

Dates

School / College

Dates

School / College

Dates

School / College

Qualifications

Other Training / Courses Attended

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EMPLOYMENT HISTORY

Dates (From - To)	Name / Address of Employer	Job Title	Duties	Rate of Pay	Reason(s) for Leaving

Notice Period Required in Current Post

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REFERENCES

Please list the names and contact details of two persons from whom we may obtain both character and work experience references.

1.

2.

OTHER EMPLOYMENT

Please note any other employment you would continue with should you be successful in this application.

CRIMINAL RECORD

Please note here any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none, please state.

OTHER INTERESTS

Please note your leisure interests, sports, activities, hobbies and other favourite pastimes etc.

GENERAL COMMENTS

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

HEALTH DETAILS

Do you suffer from any disability? YES NO

If YES, please give details and specify any special needs in relation to your disability.

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

Please list 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 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.
2. I agree the organisation reserves the right to require me to undergo a medical examination / pre-employment questionnaire. (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 your doctor).

Signature:

Date:

FOR OFFICE USE ONLY

Interview Date: Offer Letter: Y / N Rejection Letter: Y / N

Acceptance: Y / N References: Y / N Medical: Y / N

PASS TO ADMIN: DEAD FILE / NEW FILE