####

####  APPLICATION FOR EMPLOYMENT

#### PRIVATE & CONFIDENTIAL

Please complete fully in **black** ink and **block** capitals. Incomplete application forms will be rejected at short-listing stage. Please return byFriday 22nd June 2018 at 12pm 3rd September 2019 @ 12pm.

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference No:** |  | **To be returned by:** |  |
| **Position applied for:**  |

#### PERSONAL DETAILS

|  |  |  |
| --- | --- | --- |
| Mr / Mrs / Miss / MsPlease delete as appropriate | First Names: | Surname (Block Letters): |
| Maiden name or names previously known by:  | National Ins. No.: |
| Home Address:Home/ Mobile/Work Telephone Number (s):  |
| E-mail Address: |
| Current Driving Licence: YES / NO | Own Transport: YES / NO |
| Currently Employed: YES / NO | Notice Required:  |
| Have you ever been convicted of a criminal offence, other than a spent conviction under the **Rehabilitation of Offenders Act 1974**? YES / NO |

#### EDUCATION

|  |  |  |
| --- | --- | --- |
| Dates | Type of school attended, e.g. Grammar / Secondary (Do not name school attended) | Examinations taken, results obtained,subjects passed, scholarships and prizes |
| From | To |
|  |  |  |  |

#### FURTHER EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Name of College,University | Subjects studied | Examinations taken, results obtained,subjects passed, scholarships and prizes |
| From | To |
|  |  |  |  |  |

#### ADDITIONAL TRAINING / PROFESSIONAL QUALIFICATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Awarding Body | Course title and content | Result |
| From | To |
|  |  |  |  |  |

#### EMPLOYMENT HISTORY

Please list all your work history since completing full-time education, beginning with your present or most recent position.

**CURRENT EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Dates | Name of employer, address and nature of business | Position and main responsibilities | Starting &leaving salary | Reason for wanting to leave |
| From | To |
|  |  |  |  |  |  |

#### EMPLOYMENT HISTORY

Please list all your previous work history beginning with your next most recent etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Name of employer, address, and nature of business | Position held and brief details of duties  | Reason for leaving and leaving salary |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please continue on a separate sheet if necessary, using the same format as above

N.B. - All gaps in employment history must be accounted for

**INFORMATION IN SUPPORT OF YOUR APPLICATION**

|  |
| --- |
| The information provided in this section will be used to assess your application at the short listing stage, therefore you must demonstrate how your skills and experience meet the essential and desirable criteria specified in the advertisement or the information contained within the Application Pack, where applicable. |
|  |

#### REFERENCES

Please give the names of two referees, (not relatives) both of whom should be familiar with your work, one of which should normally be your current/or most recent employer and the other a previous employer.

|  |  |
| --- | --- |
| Name:Address:Tel. No.:Occupation:Do we have your permission to contact this referee:* At any time \*Y / N
* Only when a provisional job offer has been made

 \*Y / N\* Please delete as appropriate | Name:Address:Tel. No.:Occupation:Do we have your permission to contact this referee:* At any time \*Y / N
* Only when a provisional job offer has been made

 \*Y / N\* Please delete as appropriate |
| In line with the Asylum & Immigration Act 1996, applicants must be eligible to live and work in the UK without restrictions. Do you have the right to take up employment in the United Kingdom? YES/NO Do you require a Work Permit or Workers Registration? YES/NOIf yes please provide details. |
| Have you ever previously been employed by this company? YES/NO(If Yes please give details)  |
| Next of Kin: Relationship:Name:Address:Home Telephone: Mobile Telephone: |

#### ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION

|  |
| --- |
| Please use this space for details of any hobbies/interests, and any other information you consider relevant: |
| Please give the dates, if applicable, of any holiday commitments or dates not available for interview: **From:** ……. /……. /……. **To:** ……. /……. /…….  **From:** ……. /……. /……. **To:** ……. /……. /…….  |
| Do you require any special arrangements to be made to assist you if called for interview? If yes please provide details. |

A candidate found to have knowingly given false information or to have wilfully suppressed any material fact will be liable to disqualification, or, if appointed, to dismissal.

Data Protection Act

I understand that the data contained in this application form and the “sensitive personal data” on the attached monitoring form will be retained on file and may be processed by the Company for use in connection with this application for employment, or to comply with any requirement of statutory legislation in order for the Company to comply with its legal obligations, and I hereby agree to any such processing by the Company. The Company will ensure that I am safeguarded against the possible misuse of any personal information about me that is kept on file by strictly controlling access and use. Such access and use will be in compliance with the Data Protection legislation and will be on a “need to know” basis only.

I declare that to the best of my knowledge and belief all the foregoing statements are true and complete.

Signature of applicant: Date:

**CANVASSING WILL DISQUALIFY**

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

**CONFIDENTIAL HEALTH QUESTIONNAIRE**

Please note a YES answer does NOT mean you will be automatically rejected for employment. You should provide as much detail to your answer as possible.

 **Please delete as appropriate:**

|  |  |
| --- | --- |
| Do you suffer, or have you ever suffered from any chest disease, pain, angina or heart trouble or disease? | YES / NO |
| Do you suffer, or have you ever suffered from epilepsy, fits, blackouts, fainting or unexplained loss of consciousness? | YES / NO |
| Do you suffer, or have you ever suffered from head injuries leading to loss of consciousness requiring hospital admission? | YES / NO |
| Do you suffer, or have you ever suffered from gastric or duodenal ulcers? | YES / NO |
| Do you have any skin disease or have you ever suffered from the same? | YES / NO |
| Do you suffer, or have you ever suffered from any blood pressure anomalies or blood disorders? | YES / NO |
| Do you suffer, or have you ever suffered from a back injury or related complaint? | YES / NO |
| Do you suffer, or have you ever suffered from any eyesight problems? (i.e. any difficulty which is not corrected by spectacles or contact lenses) e.g. colour blindness, field defects, cataracts, glaucoma | YES / NO |
| Do you suffer, or have you ever suffered from any hearing problems? | YES / NO |
| Do you suffer, or have you ever suffered from recurrent headaches or migraine? | YES / NO |
| Do you suffer, or have you ever suffered from asthma, bronchitis, emphysema or any other lung disorder? | YES / NO |
| Do you suffer, or have you ever suffered from anxiety, depression, phobias, mental breakdown or stress related problems? | YES / NO |
| Do you have any disabilities which may need to be assessed in connection with your application? A disabled person is a person with a *‘physical or mental impairment which has a substantial or long term effect on his/her ability to carry out normal day-to-day activities.*’ Using this definition, would you consider yourself to be disabled? | YES / NO |
| Have you claimed for industrial injuries or received compensation at common law against a previous employer? | YES / NO |
| If you have answered YES to any of the above, please describe: |
| Have you ever had any serious Illness, Operation or Accident? YES / NO |
| If YES, please give details: |
| How many days absence have you had in the past two years? …………………… Days |
| Are you currently under the care of a doctor or other medical professional or having any medical treatment or medication?If yes please specify:Is there any other matter concerning your health not covered by the above questions? |

Signature of applicant: Date: