

APPLICATION FORM

CONFIDENTIAL

PLEASE USE **BLOCK CAPITALS** AND CONTINUE ON SEPARATE SHEET(S) IF SPACE IS INADEQUATE

PERSONAL DETAILS

Forename(s): _____ Surname: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Next of Kin:

Forename(s): _____ Surname: _____

Address: _____

Postcode: _____

Daytime telephone number: _____

Do you have a driving licence? YES NO

Do you have a car? YES NO

If you have a driving licence is it: PROVISIONAL FULL HGV

Have you, or any relative, ever worked for this organisation before? YES NO

If YES please give full details (date/job title/reason for leaving).

How did you learn of this vacancy?

INTERESTS, HOBBIES AND SPORTS

Please give details of all your spare time interests and hobbies including details of membership of bodies, committees, voluntary work and so on.

DESCRIBING YOU

Please tell us what skills and personal qualities you have to enable you to work successfully for us.

EDUCATION DETAILS

Please give details of all secondary education including examinations taken (with results).

Schools/Colleges	Courses/Exams	Qualifications obtained
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

State any other achievements during education.

Please be prepared to provide certificates of pass, etc.

FURTHER EDUCATION DETAILS

Please give details of any university course or other further education undertaken (including youth training, technical courses, vocational studies, correspondence courses, etc).

University/FE College	Courses/Exams	Qualifications obtained
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Please be prepared to provide certificates of pass, etc.

PUBLIC OR VOLUNTARY COMMITMENTS

Please give details of membership of any public or voluntary body and indicate the approximate time commitment entailed.

EMPLOYMENT DETAILS

Please give details of relevant previous employment/key achievements that might help us assess your suitability for the job for which you are applying, starting with the most recent employment and working backwards.

CURRENT/LAST EMPLOYER

Name:

Address:

Postcode:

Contact for reference:

Telephone:

Please note that we will not contact your present employer for a reference without your permission. However, any job offer made will be subject to receipt of satisfactory references. It is our policy to contact ALL named referees.

May we contact your current employer for a reference?

YES NO

CURRENT/LAST EMPLOYER (CONT)

Position(s) held: _____ Salary/Wage: _____

Outline of duties/key achievements: _____

Reason for leaving: _____

Notice period: _____

Does your current contract of employment contain any restrictions that prevent you from competing with your current employer or soliciting its customers after you have left? YES NO

If YES please supply a copy of your contract of employment

PREVIOUS EMPLOYER(1)

Name: _____

Address: _____ Postcode: _____

Contact for reference: _____ Telephone: _____

May we contact for a reference? YES NO

Position(s) held: _____ Salary/Wage: _____

Outline of duties/key achievements: _____

Reason for leaving: _____

PREVIOUS EMPLOYER(2)

Name: _____

Address: _____ Postcode: _____

Contact for reference: _____ Telephone: _____

May we contact for a reference? YES NO

Position(s) held: _____ Salary/Wage: _____

Outline of duties/key achievements: _____

Reason for leaving: _____

Please continue on a separate sheet of paper if necessary

RIGHT TO WORK IN UK

Are you legally entitled to work in the UK? YES NO

We will require evidence of this prior to commencing employment

CRIMINAL RECORD

Have you ever been convicted of a criminal offence?

YES NO

Declaration subject to the Rehabilitation of Offenders Act 1974

If YES, please give details:

HOURS AND DAYS YOU CAN WORK

For each day of the week, please write the time you can work. Please indicate the earliest time you can start and the latest time you can finish.

<input type="checkbox"/> MON	am - pm	<input type="checkbox"/> TUE	am - pm	<input type="checkbox"/> WED	am - pm
<input type="checkbox"/> THU	am - pm	<input type="checkbox"/> FRI	am - pm	<input type="checkbox"/> SAT	am - pm
<input type="checkbox"/> SUN	am - pm	Please indicate the maximum number of hours you can work each week: hrs			

HEALTH

Do you suffer from any disability* and/or medical condition?

YES NO

If yes will it affect your ability to carry out the duties of the job for which you are applying

YES NO

This information will help us to identify reasonable adjustments that we might need to make to arrangements/premises in order to accommodate you. We are an equal opportunities employer and will not discriminate on the grounds of disability.

If YES, please give details

DATA PROTECTION

The Data Protection Act 1998 ("the Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application ("the information") will be used solely for the purposes of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

Signed

Date:

UNDERTAKING

Please read and sign the following undertaking: I confirm that the information I have given on this application form is, to the best of my knowledge and belief, true in all respects. I understand that, should I have deliberately made a false or misleading statement on this form, my future employment can be terminated without notice.

Signed

Date:

Note:

We are an equal opportunities employer and will not tolerate discrimination in any form.

FOR OFFICE USE ONLY:

Application No:

Initials of person reviewing:

Score against selection criteria (if applicable)

Invite to interview/offer job?

YES NO

If NO state reasons:

*The Disability Discrimination Act defines disability as "A physical or mental impairment which has a substantial and long term effect on the persons ability to carry out normal day-to-day activities".