

# APPLICATION FOR EMPLOYMENT



## Personal Details

Title		E-Mail Address	
First Name(s)		Address	
Surname		Post Code	
Date of Birth		Date moved to current address	
Mobile Number		Previous Address (if less than 2 years)	
Home Telephone		National Insurance Number	
Gender		Nationality	

## Position Applied For

**Job Title:** .....

**Hours of Work:** Full Time      Part Time      Relief Assistant

**Where did you see/hear of this position advertised?** .....

## Personal Background

	Yes	No	Comments
Do you hold a full, clean Driving Licence?			
Are you a Car Owner?			
Do you require a Permit to Work?			
Have you ever been convicted of a criminal offence?			
Is there anything that would affect a DBS check? <i>If yes, please give details</i>			
Are you in good health?			
Have you suffered from any serious illness or major operations? <i>If yes, please give details</i>			
Do you have any allergies? <i>If yes, please give details</i>			
Are you a registered disabled person?			
Have you ever had contact with an illegal substance? <i>If yes, please give details</i>			

## Education & Qualifications

Please include details of secondary schools, further education and professional training.

School / College	Courses, including qualifications obtained	Dates From	Dates To

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## Employment History

Please provide details of your work history, including any part-time, casual or voluntary work of a regular nature relevant to the job applied for, starting with your present or most recent job.

Employer	Most Recent	Previous	Previous
Company Name			
Company Address			
Position Held			
Main Responsibilities			
Start Date / Leave Date			
Reason for Leaving			
Notice Required			

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## References

Please provide the names of 2 referees, they could be current employer, most recent employer or professional associate. They must not be a friend or family member. References will not be taken until an offer of employment has been made.

Name	Address	Telephone/Email	Occupation

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## Declaration

Please read this carefully before signing the 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 that the organisation reserves the right to require me to 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 your doctor)

Signed: .....

Date: .....