



APPLICATION FOR EMPLOYMENT

(Private and Confidential - All sections must be completed)

Position applied for: _____
Location/Area: _____ Reference No: _____

PERSONAL DETAILS

Surname: _____ Forename(s): _____

Address: _____

Contact no: _____ E-mail: _____

Nationality: _____

Are there any restrictions on you taking up employment in the UK? Yes No

Visa type (if applicable): _____ Expiry: _____

Current Driving Licence? Yes No Groups: _____

Expiry Date: _____


Details of Endorsements: _____

EDUCATION HISTORY

Schools/Colleges/University

Qualifications Gained

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

Dates (From – To)	Name and Address of Employer	Job Title	Duties	Rate of Pay	Reason for Leaving
					

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position

SKILLS AND EXPERIENCE (Use a separate sheet if necessary)

Based on the enclosed Personal Specification please tell us about the skills you have used and / or learned in previous jobs and why you think you are the best person for this job.

REFERENCES

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

Referee 1

Name: _____

Position: _____

Company: _____

Address: _____

E-Mail: _____

Telephone: _____

Referee 2

Name: _____

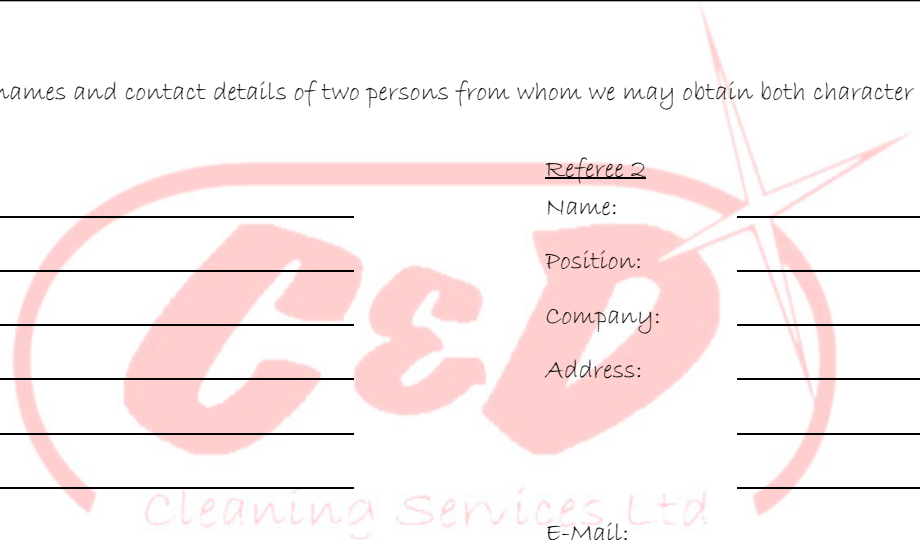
Position: _____

Company: _____

Address: _____

E-Mail: _____

Telephone: _____



Can referees be contacted prior to interview? Yes No

CRIMINAL RECORD

Please note any criminal conviction except those 'spent' under the Rehabilitation of Offenders Act 1974. If none, please state. In certain circumstances, employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? Yes No

Please specify any special arrangements for work associated with any impairment.

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

Please detail 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 and check all details on the form 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. 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. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personal file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basis disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment may be withdrawn or my employment terminated.

Employee Signature: _____ Date: _____