

APPLICATION FORM

APPLICATION FOR: _____

Available to take up employment from (date) _____

Salary expectation: _____

PERSONAL DETAILS

Name _____

Address _____

Postcode _____

Home Tel: _____ Work Tel: _____

Mobile: _____ E-Mail: _____

Nationality _____

Do you hold a current Driving Licence: YES/NO

Have you any current endorsements/points: YES/NO

If so, give details (including dates): _____

WORK PERMITS

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? YES/NO

If you are successful in your application would you require a work permit to work in the UK? YES/NO

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EDUCATION

Give details of Secondary Education, together with any examinations taken and results achieved.

QUALIFICATIONS

Give details of any Further Education and Training, including any Certificates obtained.

Give details of any Occupational Training, including any Certificates obtained.

Membership of professional organisation(s):

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EMPLOYMENT

Present/last employer _____

Address _____

Job Title _____

Employed From _____ To _____

Give details of position, outlining main responsibilities

Reason for Leaving _____

Current/Finishing Salary _____

Other most recent employer _____

Address _____

Job Title _____

Employed from _____ To _____

Give details of position, outlining main responsibilities

Reason for Leaving _____

Current/Finishing Salary _____

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GENERAL

What qualities do you possess which you consider may be beneficial in fulfilling the responsibilities of the position applied for?

Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974). YES/NO

HOBBIES/INTERESTS

Outline below any hobbies or interests that you have, together with any additional information, which you consider might be of interest.

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REFERENCES

Please give the names of two people from whom references may be obtained. If possible, these should be previous employers.

Name of Company _____

Address _____

Referee/
Contact Name _____

Telephone No. _____

Fax No. _____

Name of Company _____

Address _____

Referee/
Contact Name _____

Telephone No. _____

Fax No. _____

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature _____ Date _____

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HEALTH (This section is optional. Any information obtained is for the purpose of making reasonable adjustments and will not be used in our decision making)

Are you in good health? YES/NO

Please give past 12 months sickness/time off work (number of days and brief reasons)

Are there any disabilities which may affect your application? YES/NO

Describe disabilities and

- (a) any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job.
- (b) any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the job
