



APPLICATION FORM

Position Applied For:		Where did you see this vacancy advertised?
-----------------------	--	--

Personal Details

Title: Mr/Mrs/Ms/Miss Surname First Name(s).....

Address
.....
.....

National Insurance Number:

Telephone Home: Mobile:

Email address

Place of Birth Nationality

Do you require a permit to work in the UK? Yes No

Do you hold a full UK driving licence? Yes No

Do you have any current endorsements? Yes No

If Yes, please state how many:

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?
.....

Do you require any support or adjustments to enable you to take part in the selection process or carry out the duties of the post? Yes No

Please give details
.....

As a disability symbol employer this information is needed so that all disabled applicants who meet the minimum criteria for this position are offered an interview.

Have you ever been convicted of a criminal offence (other than a spent conviction under the terms of the Rehabilitation of Offenders Act 1974)? Yes No

If yes, give details.
.....

Please state dates when you are **NOT** available for interview

.....

If offered the position, will you continue to work in any other capacity? Yes No

If yes, please give details

.....

Education Record

Please give details of your education, qualifications and training to date

Dates		Where Attended	Qualifications & Grades Attained
From	To		

Membership of relevant professional bodies/associations

.....
.....
.....

Employment details (present/last)

Job Title.....
Employer.....
Dates from to

Outline of duties

.....
.....
.....
.....
.....
.....
.....

Salary

Notice Period

Reason for leaving.....
.....

Employment History

Please give details of your previous employment

Dates From To

Name & address of employer

Position Held

Main Duties

.....

.....

.....

Starting Salary Leaving Salary

Reasons for leaving

.....

Dates From To

Name & address of employer

Position Held

Main Duties

.....

.....

.....

Starting Salary Leaving Salary

Reasons for leaving

.....

Dates From To

Name & address of employer

Position Held

Main Duties

.....

.....

.....

Starting Salary Leaving Salary

Reasons for leaving

.....

Interests/Hobbies

Please give details of any interests and hobbies pursued

.....
.....
.....
.....
.....

Health/Medical History

Have you been absent from work through illness or injury in the last 12 months? Yes No

If so, how many days?

Please give details:
.....

References

Please give the names of two people who are able to provide references relating to your work experience and your suitability for the post applied for. One referee should be your current or most recent employer.

Name	Name
Position	Position
Address	Address
.....
.....
Tel No	Tel No
May we approach this person prior to interview?: <input type="checkbox"/> Yes <input type="checkbox"/> No	May we approach this person prior to interview?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration

I declare that the details given on this application are to the best of my knowledge and belief, true and complete. I understand that my application may be rejected or, if I am already appointed, I may be dismissed if I withhold relevant details or give false information.

I give permission for all or part of this application to be held on both computerised and manual records, which I may request access to.

Signature **Date**

Additional Information

Please use this page to give brief details of other skills, experience, qualifications, leisure activities, and any other interests which you feel are relevant and will support your (please continue on a separate sheet if necessary)

