



APPLICATION FORM

The following information will be treated in the strictest confidence

POSITION APPLIED FOR

PERSONAL (Please complete this section in BLOCK CAPITALS)

| | |
|-----------------|------------------------|
| Surname: | First name: |
| Address: | Email: |
| | Home telephone number: |
| Post Code: | Mobile number: |

| | |
|--|---|
| Full Driving Licence: Yes <input type="checkbox"/> No <input type="checkbox"/> | Endorsements: Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please give further details including dates: |
|--|---|

Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? Yes No

If YES, please give full details:

Are you subject to any restrictions or covenants which might restrict your working activities? Yes No

If YES, please give full details:

Are you willing to work overtime and weekends if required? Yes No

Please give details of any hours which you would not wish to work:

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974?) Yes No

If YES, please give full details:

If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment? Yes No

Have you ever worked for this Company before? Yes No





If YES, please give full details:

Have you applied for employment with this business before? Yes No

If YES, please give full details:

Do you need a work permit to take up employment in the U.K.? Yes No

How much notice are you required to give to your current employer?

| EDUCATION | | | |
|--|------|---------|--------------------------|
| Schools attended since age 11 | From | To | Examinations and Results |
| | | | |
| College or University | From | To | Courses and Results |
| | | | |
| Further Formal Training | From | To | Diploma/Qualification |
| | | | |
| Job related Training Courses Name of Organisation | Date | Subject | |
| | | | |



EMPLOYMENT DETAILS Please give details of your past employment, excluding your present or last employer, stating the most recent first.

| Name and address of employer | Dates | Position held/Main duties | Reason for leaving |
|------------------------------|-------|---------------------------|--------------------|
| | | | |

PRESENT OR LAST EMPLOYER

| | |
|---|--|
| Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Name of present or last employer: | |
| Address: | Email: |
| | Telephone number: |
| Post Code: | Company Website: |
| Nature of business: | |
| Job title & brief description of duties: | |
| Reason for leaving: | |
| Length of service | From: To: |

Interests, Achievements, and Leisure Activities
(e.g. hobbies, sports, club memberships)

| |
|--|
| |
|--|



Supplementary Information

Please set out below any further information to support your application (e.g. past achievements, future aspirations, personal strengths)

Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 2018 (GDPR). I undertake to notify the Company immediately of any changes to the above details.

Signed by applicant:

Name (PRINTED):

Date:

References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

| | |
|--|--|
| Can we approach your current employer before an offer of employment is made? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name: | Name: |
| Position: | Position: |
| Address: | Address: |
| | |
| Tel. No: | Tel. No: |

Source of Application

How did you hear of this vacancy?

