



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:
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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:	
	Company Website:	
Post Code:		
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)

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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?

