APPLICATION FORM

PLEASE AFFIX PASSPORT SIZED PHOTOGRAPH HERE

Position Applied For : .....

Location : .....

The information disclosed in this Application will be treated in the strictest confidence

PERSONAL DETAILS

(Please complete all sections in BLOCK CAPITALS

Surname:		First Name(s):	
Address:			
Post Code :		National Insurance No.:	
Email address:		Are you over 18?: YES/NO	

Contact Tel. No.	Mobile Tel No.

COVID Vaccination Status:	**Vaccination 1** Date Administered: Brand :	**Vaccination 2** Date Administered: Brand :	**Booster Jab (if received)`** Date Administered: Brand :

Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* 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:	
Do you have any Police cautions, or convictions, including both 'spent ' or 'unspent' convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Disclosure and Barring Service [DBS] Code of Practice is available on request.)	YES/NO
If YES, please give full details	
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before 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
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 DETAILS

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

Please give details of membership of any technical or professional associations:

PIN Number (if applicable)		Expiry Date	

Please list Languages spoken and the level of Competence:

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/NO

Name of present or last employer:	
Address:	
Telephone No:	
Nature of business:	
Job title and a brief description of your duties:	
Reason for Leaving:	

Length of Service:	From:	To:

INTERESTS, ACHIEVEMENTS, 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

Given the nature of the job for which I have applied, I understand that the Disclosure and Barring Service DBS] will be asked to carry out an Enhanced criminal records check, together with a check under the Safeguarding Vulnerable Groups Act 2006, before employment can commence. I have been given a copy of the Company's Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

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 assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:
Print Name:	

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/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

Is there anything you wish to add to your Application?

SOURCE OF APPLICATION

How did you hear of this vacancy?
