EMPLOYMENT APPLICATION FORM

Position applied for: Where did you see the advert:

**(Please complete this form in BLOCK CAPITALS)**

|  |  |  |
| --- | --- | --- |
| Name: |  | Contact Tel. No. |
| Address: |  |  |  |
|  |  |  | Mobile Tel. No. |
| Town |  |  |  |
| Postcode: |  |
| Email address: |

|  |  |
| --- | --- |
| Are you a UK citizen? 🞏Yes 🞏No | Are you eligible to work in the UK? 🞏Yes 🞏 No |

|  |  |
| --- | --- |
| Have you worked for this Company before? | 🞏Yes 🞏 No |
| If Yes, please give full details |

|  |
| --- |
| Person to contact in the event of an emergencyName: Tel No: Relationship: |

|  |  |
| --- | --- |
| Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)? | 🞏Yes\* 🞏 No |
| If Yes, please give full details |

**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.

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Company Name: | Company Name: |
| Address: | Address: |
|  |  |
| Town | Town |
| Postcode: | Postcode: |
| Tel. No.: | Tel. No.: |

Are you currently in employment? 🞏Yes 🞏 No

Name of present or last employer:

Address:

Postcode Telephone

Amount of notice you are required to give your present employment.

Start Date Leave Date

Job title Brief description of duties

Please give details of your past employment, stating the most recent first (do not leave gaps):

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name | Start Date | Leave Date | Position and Duties |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Education and Training:

|  |  |  |
| --- | --- | --- |
| School / Collage /University | Dates | Qualification |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Any non-qualification courses attended or achievements including special awards:

|  |  |  |  |
| --- | --- | --- | --- |
| Institute | Date | Level of Course | Other |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Any other information to support the application

|  |
| --- |
|  |

Information to support your application

|  |
| --- |
|  |
| I confirm that to the best of my knowledge, the information on this form is true and correct.Signature: Date: |

|  |
| --- |
| **Office use:** |
| Interview - yes/no | Comments: |
| Date \_ \_ \_ \_ \_ \_ \_ |  |
|  | Signature Name: |