



Employment Application Form

Date _____

Position _____

Received By _____

Read all the instructions carefully & complete all sections in BLOCK CAPITALS using black ink or typescript and delete where applicable. All information given will be dealt with in the strictest of confidence.

Surname/Family _____

Other Names _____

Forename(s) _____

No. of dependant(s) _____ Age(s) _____

Home Address _____

_____ Postcode _____

Telephone (Home) _____

Telephone (Work) _____

Telephone (Mobile) _____

E-mail _____

Date of Birth _____ Age _____

Nationality _____

National Insurance _____

1. Are you subject to any conditions relating to your employment in this country?

YES / NO

If yes, please give details _____

2. Please give dates when you will not be available for an interview (e.g. holidays, other commitments, etc)

3. If offered a position, when is your earliest possible start date?

Please give period of notice applicable _____

4. A successful candidate may be required to attend a medical and will be required to complete a Health Statement.

(A) Have you ever suffered from a major illness, industrial injury or disability?

YES / NO

If so, please give details _____

(B) Give details of any minor illnesses you might have had within the last 12 months?

(C) Do you consider yourself to have a disability? YES / NO

5. Additional Information:

(A) Do you have a current Driving Licence? YES / NO

(B) Do you own or have use of a car? YES / NO

(C) Have you ever been convicted of a criminal offence? YES / NO

N.B. In accordance with the Children’s Act 1989 it is a requirement of employment that all potential employees undergo Police and Social Services checks to determine their suitability to work with children.

6. **Education/Qualifications** (Where applicable, please include details of examinations which have been or are about to be taken but results of which are not yet available.

(a) Secondary Education

Name & Address of School/College _____

Qualification _____

Subject	Examining Body	Grade/level	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) Further Education

Name & Address of School/College _____

Qualification Subjects	Examining Body	Grade/Level	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(c) Professional Qualification

Name & Address of Professional Body _____

Membership Grade _____ Date _____

Was Membership gained by exam? YES / NO

7. Employment History (Please include holiday employment and/or work experience if applicable).

(l) Name & Address of present/most recent employer and nature of business

From _____ To _____

Position Held _____

Salary & Other Allowances _____

10. If yes, please give details _____

11. Please make full use of this section to provide further information in support of your application. Be sure to include reasons for applying for this position and details of any relevant experience, training, or education. Attach additional sheet if necessary.

12. Please briefly state any outside work interests or activities:

13. References. Please give the names of two references and their contact details:

(1) Name _____ Occupation _____

Address _____

Telephone _____

Email _____

How long have they known you? _____

(2) Name _____ Occupation _____

Address _____

Telephone _____

Email _____

How long have they known you? _____

DECLARATION

I DECLARE THAT THE INFORMATION PROVIDED ON THIS APPLICATION FORM IS CORRECT. (Providing misleading or false information on this form, will disqualify you from appointment or if appointed, could render you liable for dismissal)

Print Name _____

Sign _____ Date _____