

APPLICATION FORM FOR EMPLOYMENT

Private & Confidential			
Position applied for			
Name:	Title	Forename(s)	Surname
Address:			
			Postcode
N.I. Number			
Telephone number		Mobile	
Work Number:	May we contact you at Work? Yes [] No []		
Email address:			

Current Driving Licence?	Yes [] No []	Groups:	Expiry date:
Details of endorsements:			

Are there any restrictions on you taking up employment in the UK?
Yes [] No [] (If Yes, please provide details)

Education	Schools/Colleges/University	Qualifications Gained

Employment history: (please complete in full and use a separate sheet if necessary)

From	To	Name and Address
		Job Title
		Rate of Pay
		Duties
		Reason for leaving

From	To	Name and Address
		Job Title
		Rate of Pay
		Duties
		Reason for leaving

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		Job Title
		Rate of Pay
		Duties
		Reason for leaving

From	To	Name and Address
		Job Title
		Rate of Pay
		Duties
		Reason for leaving

Other employment - Please note here any other employment that you would continue with if you were to be successful in obtaining this position.

Current membership of professional bodies - Please note any professional bodies you are a member of or are registered with.

Leisure – Please note here your leisure interests, sports and hobbies, other pastimes etc.

General comments – Please detail here your reasons for this application, your main achievements to date the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).

Please continue on a separate sheet if required.

Criminal record – Please note any convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon a satisfactory Disclosure & barring Certificate from the Disclosure & barring Service/Disclosure Scotland

References – Please note here the names and address including an email address for two referees from whom we may obtain both character and work experience references.

1.

2.

Known in the capacity of : (i.e. Manager/Education)

Known in the capacity of:

Declaration (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personal file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in the application, I will apply to the Disclosure and Barring Service/Disclosure Scotland for a Disclosure Barring Certificate. I understand that should I fail to do so, or should not disclosure not to be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date:

Please complete this section answering the following questions:

Why me? Why now? Why this job?