

JOB APPLICATION FORM

Position Applied For:.....

PERSONAL DETAILS

Full Name:.....

Address:..... Town:.....

County:..... Post Code:.....

Telephone Number:..... Mobile:.....

Date of Birth:..... Age:..... Place of Birth:.....

Are you a Citizen of the EU or EEA? [] Yes [] No

If " No", do you have a Work permit?..... Email.....

HEALTH & DISABILITIES

Do you have any disabilities which may be relevant to this Job Application: [] Yes [] No

If Yes, please describe them:.....

Are you Registered Disabled? [] Yes [] No

Overall State of Health: Excellent [] Good [] Poor []

Hearing: Excellent [] Good [] Poor []

Eyesight: Excellent [] Good [] Poor []

Do you wear any of the following: Spectacles [] Contact Lenses [] Neither []

Please give details of any medical condition for which you have received treatment in the past 5 years:

.....
.....

If "YES" please provide brief details:.....

Would you be willing to have a medical examination if required? [] Yes [] No

DRIVING RECORD

Do you have a current clean "FULL" driving licence? [] Yes [] No

If "Yes", for what classes of Vehicle:.....

Driving licence valid from:..... To:.....

GENERAL EDUCATION

From	To	Name of School	From	To	Name of College, University etc

Examination results/qualifications obtained

EMPLOYMENT

Name and Address of Current Employer (or last Employer if currently unemployed)	Job Title and main duties	Employment Dates	
		From	To

Reason for Leaving:

Average gross pay: £ per week/month/annum

Employment Dates

Previous Employment Employer Name/Address	Job Title	Reason for Leaving
1.		
2.		
3.		

Period of Notice required by present Employer: _____

JOB FLEXIBILITY			
Prepared to Work:	Full-Time []	Part-Time []	Shifts []
If Part-Time please indicate preferred hours:			
Details of any other work which you will continue to undertake if you are offered this Job Position:			
Please provide details of any outstanding holidays to be taken:			
AVAILABLE TO TAKE UP EMPLOYMENT FROM:			

EQUAL OPPORTUNITIES - VOLUNTARY INFORMATION	
<p>The organisation seeks to recruit employees on the basis of their general suitability for a position and aims to ensure that consideration of age, sex, marital status, disability and racial or ethnic origin should play no part in this process.</p> <p>In order to monitor the effectiveness of this commitment to equal opportunities it would be helpful if you could complete this section of the form. Completion is not compulsory but should you give details below the information will be used for no other purpose than that as stated in this paragraph.</p>	
Marital Status	[] Single [] Married [] Separated [] Widowed [] Divorced
Sex	[] Male [] Female Age D.O.B.....
Ethnic Origin	[] African [] Afro-Caribbean [] Asian [] European [] Polynesian
Disabilities (specify).....Registered Disabled Number (where relevant).....	

References	
<p>Please give the addresses of two people unrelated to you who would give a reference, one referee must be work related.</p>	
Name _____	Name _____
Address _____	Address _____
_____	_____
Occupation: _____	Occupation: _____
Telephone number _____	Telephone number _____
May we contact your current employer for a reference: YES/NO	

Please enter below reasons for any breaks in your Career History

Confirmatory Statement

I confirm that the information provided by me on this application form is correct and gives a fair representation of my qualifications and work experience. I consent to the use of this information during the recruitment process. The information I have provided is correct and any misleading statements may be sufficient grounds for cancelling any agreements made.

I also understand that questions left unanswered may be discussed at interview(s) arising from this application:

The Data Protection Act 1998

Information provided by you on this application form may be copied for use during the recruitment procedure. Once the recruitment procedure is completed, the data will be stored for at least 6 months. If you are the successful candidate, relevant information may be taken from this and used as part of your personnel record.

DECLARATION - please read carefully, then sign and date your application:

Applicant's Signature..... Date:.....

Interviewer's Name.....

Date of First Interview.....

Date of Second Interview.....

Interviewer notes: Offer/Hold File

Date of Commencement:

Hours:

Days:

Salary:

Comments

CRB Number: _____ Date issued: _____

Training:

Payroll ref:

Date: