

## Employment Application Form

Position applied for: .....

| PERSONAL INFORMATION        |                          |
|-----------------------------|--------------------------|
| Title                       | *Dr/Mr/Mrs/Miss/Ms/Other |
| Surname                     |                          |
| Forenames                   |                          |
| Address                     |                          |
| Postcode                    |                          |
| Telephone number            |                          |
| Mobile number               |                          |
| Email address               |                          |
| Current driving license     | *Yes/No                  |
| Details of any endorsements |                          |

| EDUCATION & TRAINING |   |
|----------------------|---|
| Schools              | Qualifications gained - Continue on a separate sheet if necessary.                                |
|                      |   |
| College/University   | Qualifications gained - Continue on a separate sheet if necessary.                                |
|                      |   |
| Training Courses     | Qualifications gained & expiry dates (if applicable) - Continue on a separate sheet if necessary. |
|                      |   |

**EMPLOYMENT HISTORY Please list in chronological order (most recent first)**

| Dates | Name and address of employer | Start/finish salary | Reason for leaving |
|-------|------------------------------|---------------------|--------------------|
|       |                              |                     |                    |
|       |                              |                     |                    |
|       |                              |                     |                    |
|       |                              |                     |                    |

Notice required in current post:

**GENERAL COMMENTS**

Please list here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post. Continue on a separate sheet if necessary.

**CRIMINAL RECORD**

Please note any criminal convictions, except those spent under the *Rehabilitation of Offenders Act 1974*. If none, please state.

| HEALTH INFORMATION   |          |
|--|----------|
| Do you consider yourself disabled?   | Yes/No*† |
| If yes, please detail any reasonable adjustments you are aware of that you would like the company to consider. |          |
| Please list all absences from work in the past 12 months and the reasons for such absences.                    |          |

| REFERENCES   |  |
|--|--|
| Please supply the names and addresses of two persons – one of whom should be your present/last employer – from whom we may obtain both character and work experience references. |  |
|  |  |

† If you have indicated 'yes', we reserve the right to follow this up with a pre-employment medical questionnaire.

**Declaration**

- 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.
- I hereby give my authority for the company to contact my own doctor to obtain any further information on my state of health.
- I agree that the company reserves the right to require me to undergo a medical examination in the event of my appointment.
- I hereby give my consent to the company processing the data supplied on this application for the purpose of recruitment and selection.

**Signed:** ..... **Date:** .....