

APPLICATION FOR EMPLOYMENT

Private and confidential

Return this form to:	_____			Ref. No
Position applied for:	_____			
Name	Title:	Forename(s):	Surname:	
Address:	_____			
	_____			Postcode:
N.I number:	_____			
Telephone number	Landline:	_____		Mobile:

Current driving license?

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	Qualification Gained
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employment history:	(please complete in full and use a separate sheet if necessary)	
From:	Name and address:	
To:		
	Job title:	Rate of pay:
	Duties:	
	Reason for leaving:	

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

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

References Please note here the names and addresses of two persons 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:

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

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

Continued...

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. I agree that the organisation reserves the right to require me to undergo a medical examination. (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 this information will be retained in my personnel 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 this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: **Date:**