

Confidential Application for Employment (Part Time)

Surname:		Forenames:	
Title:	Date of Birth:	Telephone:	
	National Insurance No:	Day: _____	
		Mobile: _____	
		Evening: _____	
Address:		Do you hold a Current Driving Licence?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Post Code:		Details of any Endorsements:	
Position Applied for:		Would you work in any other capacity if you were offered this position?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your ability to carry out this job limited in any way?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, how could we help you to overcome these limitations?			
Are you a U.K. or European Union National?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are not please attach the relevant documentation stating your eligibility for employment in the U.K.			

Health Details

Please list any diseases, disorders or allergies from which you suffer or have suffered in the past:
Please detail any medicine, drugs or treatment that you are currently and/or regularly receive:
Please list all absences from work over the past 12 months stating the reasons for the absence:
Would you be prepared to have a medical examination if required? Yes <input type="checkbox"/> No <input type="checkbox"/>

Education

Schools/Colleges attended (<i>with dates</i>)	Qualifications Gained



Criminal Record

Please list any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none state 'none'.

Employment History

Dates Employed	Name & Address of Employer	Job Title and Description of Duties	Rate of Pay	Reason for Leaving

Interest and Hobbies

Please state here your leisure interest, sports and hobbies and any other pastimes.

References

Please give the names and addresses of two people to whom we can apply for a reference. One of these should be your previous employer. If you do not want us to contact them, Unless we offer you the position please tick the box.

1. Name Position Address	2. Name Position Address
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Declaration

1. I confirm that the information provided on this application form is accurate and correct. I understand that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I hereby give my authority for the organisation to contact my doctor for any further information regarding my state of health.

Print name: _____

Signed: _____ Date: _____