

Please state any reason for any gap in Employment

Have you ever worked for this Company before? Yes No

If yes, please give details including dates

Section 8 - References

Please give the details of two people to whom we may contact for references (one of which should be your last or current employer. If you do not want us to contact them, unless we offer you the position please tick the box.

| | |
|-----------------------|-----------------------|
| Name: | Name: |
| Position: | Position: |
| Name of Company: | Name of Company: |
| Address: | Address: |
| Telephone Number: | Telephone Number: |
| Length of Time Known: | Length of Time Known: |

Declaration

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer's service if I am employed.

I give the employer the right to investigate all of the references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

Applicant's Signature Date / /

Please state any skills you have, or courses you have attended relevant to the position you have applied for:

Section 7 - Work History Voluntary, Unpaid, etc *(Starting with most recent)*

| | |
|-------------------------------------|-------------------------------------|
| Name & Address of Employer: | Name & Address of Employer: |
| Telephone: | Telephone: |
| Starting/Leaving Dates: | Starting/Leaving Dates: |
| Rate of Pay: | Rate of Pay: |
| Job Title: | Job Title: |
| Title of Supervisor/Manager: | Title of Supervisor/Manager: |
| Details of Duties/Responsibilities: | Details of Duties/Responsibilities: |
| Reason for Leaving | Reason for Leaving |
| Name & Address of Employer: | Name & Address of Employer: |
| Telephone: | Telephone: |
| Starting/Leaving Dates: | Starting/Leaving Dates: |
| Rate of Pay: | Rate of Pay: |
| Job Title: | Job Title: |
| Title of Supervisor/Manager: | Title of Supervisor/Manager: |
| Details of Duties/Responsibilities: | Details of Duties/Responsibilities: |
| Reason for Leaving | Reason for Leaving |

If required, you may add additional information using A4 white paper and black ink.

Section 4 - General Information

| | | |
|--|------------------------------|-----------------------------|
| Do you hold a current Driving Licence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, do you have any Endorsements? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please give details | | |
| Please note any criminal convictions except those 'spent' under the Rehabilitation Of Offenders Act. If you have none please state 'None'. | | |
| Are you a UK 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. | | |

Section 5 - Hobbies and Interests

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|---|
| Please give details of hobbies and interests: |
|---|

Section 6 - Education

| School/College/University | Date | Qualifications (Subjects and Results) |
|---------------------------|------|---------------------------------------|
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Confidential Application for Employment (Full Time)

Section 1 - Personal Details

| | |
|------------------------|---|
| Surname: | Forename(s): |
| Address: | Telephone: Day: _____ Mobile: _____ Evening: _____ |
| Post Code: | |
| National Insurance No: | Date of Birth: |

Section 2 - Employment Details

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|--|
| Position Applied For: |
| If offered this position, will you work in any other capacity? |
| What Date will you be available to start work? |
| Would you be prepared to work Overtime? |

Section 3 - Health

| | | |
|--|------------------------------|-----------------------------|
| Are you in good general health? If No please state medical condition. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you visited your doctors in the last 2 years? If Yes please give details. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you receiving any medical treatment? If yes, please state what? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any form of disability? If Yes please give details of how we can help you overcome these limitations. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Please list any absence from work in the past 12 months and state the reasons for them. | | |