

# APPLICATION FORM

**POSITION APPLIED FOR:** \_\_\_\_\_

The following information will be treated in the strictest confidence.

## Personal

(Please complete this section in BLOCK CAPITALS)

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Email Address \_\_\_\_\_

Full Driving Licence: **Yes / No** Endorsements: **Yes / No**

If YES, please give further details including dates: \_\_\_\_\_

Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? **Yes / No**

If YES, please give full details: \_\_\_\_\_

Are you subject to any restrictions or covenants which might restrict your working activities? **Yes / No**

If YES, please give full details: \_\_\_\_\_

Are you willing to work overtime and weekends if required? **Yes / No**

Please give details of any hours which you would not wish to work: \_\_\_\_\_

Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company's Equal Opportunities Policy and Disclosure and Disclosure Information Policy is available on request. These reflect the CRB/Disclosure Scotland Codes of Practice) **Yes / No**

If YES, please give full details: \_\_\_\_\_

If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment? **Yes / No**

Have you ever worked for this Company before? **Yes / No**

If YES, please give full details: \_\_\_\_\_

Have you applied for employment with this business before? **Yes / No**

Do you need a work permit to take up employment in the U.K.? **Yes / No**

How much notice are you required to give to your current employer? **Yes / No**

## Education

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

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Please list languages spoken and the level of competence:

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## Employment Details

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

## Present or Last Employer

Are you currently employed?

**Yes / No**

Name of present or last employer:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone number:

\_\_\_\_\_

Nature of business:

\_\_\_\_\_

Job title & brief description of duties:

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Length of service:

From: \_\_\_\_\_ To: \_\_\_\_\_



## Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Given the nature of the job to which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by the Criminal Records Bureau / Disclosure Scotland. I have been given a copy of the Company's Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

Signed: \_\_\_\_\_

PRINTED: \_\_\_\_\_

Date: \_\_\_\_\_

## References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? **Yes / No**

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

## Source of Application

How did you hear of this vacancy? \_\_\_\_\_