

Confidential Application for Employment

Section 1 – Personal Details

Surname:	Forename(s):
Address:	Telephone: Day: _____
Post Code:	Mobile: _____
	Evening: _____

Section 2 – Employment Details

Position Applied For:
If offered this position, would you be willing to spend nights away from home?
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"/>
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.				

Section 4 – General Information

Do you hold a current Driving Licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you hold a current Driver Qualification Card (blue card)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
By what date must you complete your next period of 35 hours periodic training? (see date on rear of card)				
Please note any criminal convictions except those 'spent' under the Rehabilitation Of Offenders Act. If you have none please state 'None'.				

Section 5 – Hobbies and Interests

Please give details of hobbies and interests:

Section 6 – Education

School/College/University	Qualifications (Subjects and Results)

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

Do you speak or read a foreign language? *(Please give details):*

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.

Please state any reason for any gap in Employment
Have you ever worked for this Company before? Yes <input type="checkbox"/> No <input type="checkbox"/>
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. <input type="checkbox"/>	
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 / /