

POSITION APPLIED FOR:

Tick one or more Gap Year / Temp () Holiday Job () Permanent () Full Time () Part Time ()

If not full time, you must give more details

Mr Mrs Miss Other Date of Birth Marital Status
First Name Nationality At Birth
Last Name Number of Children Ages of Children
Address National Insurance no

NEXT OF KIN

Town Name
County Postcode Relationship
Email Address
Tel
Mobile Daytime Telephone

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974?)

Do you hold a current driving licence? Give details of any endorsements

Do you own a car?

Are you a Homeowner () Tenant () Living with parents () Other please state

How did you learn of this vacancy?

Do you know anyone employed by the company?

Have you previously applied for a position with or worked for this or an associated company?

How much notice are you required to give to your current employer?

BANK DETAILS

The following details are required for payment of salary: (only complete this section if an offer of employment has been made)

Bank / Building Society Name Sort Code
Address Account Number

MEDICAL

Please give brief details of any serious illness or treatment

Please state the number of days you have been off work over the past 12 months through sickness or injury

Are you a registered disabled person? If YES, number

You may be required, if offered employment, as a part of your Application to complete a Pre-Employment Medical Questionnaire.

Are you prepared to undergo a medical examination prior to employment?

SUPPLEMENTARY INFORMATION

(Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths).

DECLARATION

I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION FORM IS CORRECT AND I UNDERSTAND THAT ANY MIS-STATEMENT RENDERS ME LIABLE FOR DISQUALIFICATION OR DISMISSAL IF EMPLOYED.

Signature

Date

REFERENCES

Name

Name

Position

Position

Company

Company

Address

Address

Telephone

Telephone

DETAILS OF OFFER - - to be completed by the Manager

Position

Location

Starting Date

Hours per week

No. days per week

Starting Salary

Benefits (details)

TO BE COMPLETED BY INTERVIEWER

First Interview by

Second Interview by

Date

Date

Comments
