

JOB APPLICATION FORM

Personal details

Application for post of:

At:

Title Mr/Mrs/Ms/Miss	Surname:
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First Name(s):

Maiden Name:	Previous Married Names:
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Present Address:

Post Code:	E-mail address:
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Tel No. (Home):	Tel No. (Mobile):
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National Insurance Number:

Work Permit No:	Nationality:
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Next of Kin:

Address:

Relationship:

Tel no. (home):	(business):
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Relevant Education/Training/Qualification Details

Establishment	Course	Qualifications and Date

Career Details (in reverse, commencing with most recent. Do not leave gaps)

Organisation	From/to (dates)	Position	Reasons for leaving	Leaving salary £

References (one of whom must be your most recent employer)

Name:	Name:
Position:	Position:
Address:	Address:
Post Code:	Post Code:
Tel No:	Tel No:
Who has known me years	Who has known me years

NOTE: **Verbal** references will also be taken but these must be backed up in written format prior to commencement of employment.

Because of the nature of the work for which you are applying, this post is exempt from the provision of Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 as amended by the Exemptions (Amendment) Order 1986. You are therefore not entitled to withhold any information about convictions. Any information given will be kept in strict confidence. **I understand that if I fail to declare any such details my employment will be terminated immediately.**

Have you ever been cautioned/convicted of a criminal offence?

YES/NO (If YES, give details including dates and Police/Court location)

I have undertaken a CRB check in the past 24 month
Copy available?

YES/NO
YES/NO

Do you have any injury/disability, which may affect your ability to perform your duties?
YES/NO

Have you or are you suffering from any mental health problems?

YES/NO

(I understand that I may be requested to provide a doctors report regarding my fitness to perform the duties of the post for which I have applied).

Do you expect to ask for time off work for any reasons in the next 12 months?

YES/NO

Do you hold a current Driving Licence?

YES/NO

What period of notice are you required to give?

What would be your first available starting date with us?

Additional Information

Please use the space below to give any supporting comments that may help your application. Please continue on a separate sheet if necessary.

Declaration

I declare that to the best of my knowledge and belief the information given is true, and I understand that employment will be considered subject to the particulars being correct. I further understand and accept that if any of the information given in this document is incorrect or untrue, then the Company reserves the right to immediately terminate my employment with the Company

Signature:Date:

For office use

Date of interview:

Salary:

Accepted Yes/No

Date of commencement (if applicable):

HEALTH DECLARATION

Have you had or do you have:	delete as applicable	If 'yes' please give further information.
Blackouts, fits or giddiness?	Yes/No	
Chest pain, blood pressure, heart condition?	Yes/No	
TB, asthma, bronchitis, chest problems?	Yes/No	
Varicose veins?	Yes/No	
Spine problems?	Yes/No	
Digestive or bowel problems?	Yes/No	
Diabetes	Yes/No	
Thyroid or other gland trouble?	Yes/No	
Depression?	Yes/No	
Mental illness or nervous breakdown?	Yes/No	
Bladder or kidney complaint?	Yes/No	
Accident, serious operation serious illness?	Yes/No	
Any communicable disease?	Yes/No	
Do you smoke? If 'yes' how many per day?	Yes/No	
Any medical condition which prevented you from attending work for more than one week in the last year?	Yes/No	
Any condition which would affect your ability to carry out the duties as specified in the job description?	Yes/No	
How many unit of alcohol do you drink in a week?		1 unit = ½ pint beer or 1 glass of wine or 1 measure of whiskey.
Are you taking medication or undergoing treatment? If so give details	Yes/No	

I confirm that the information given above is correct. NB: Anything untrue or misleading will give the employer the right to terminate any offer of employment). I agree that the company has the right to request a medical examination, and that this information be kept on file during my employment and for a period of three years thereafter. I understand that the information kept will be in accordance with The Data Protection Act.

Signed: Date: