



OFFICE USE: INTERVIEW YES NO DATE:

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLOCK CAPITALS

POSITION APPLIED FOR: WAGE/SALARY EXPECTED:

SURNAME: FIRST NAMES:

ADDRESS:..... IS THIS YOUR PERMANENT ADDRESS? YES.... NO

..... ARE YOU A U.K CITIZEN? YES NO

..... ARE YOU ELIGIBLE TO WORK IN THE U.K? YES NO

POSTCODE: PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY

TEL NO: NAME: TEL NO:

MOBILE NO: RELATIONSHIP:

E-MAIL: ARE ANY RELATIVES OR FRIENDS EXISTING EMPLOYEES?

N.I. NO: IF YES, WHO?

EDUCATION AND TRAINING

RESULTS OF EXAMINATIONS TAKEN AT SECONDARY SCHOOL:

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FURTHER EDUCATION (COLLEGE, UNIVERSITY, EVENING CLASSES ETC AND QUALIFICATION):

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ANY NON-QUALIFICATION COURSES ATTENDED INCLUDING OPERATIVE TRAINING:

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EMPLOYMENT HISTORY:

DATES FROM/TO	LAST OR PRESENT EMPLOYER	JOB TITLE AND DUTIES	REASON FOR LEAVING AND GROSS PAY DETAILS
	NAME: ADDRESS: TEL NO: CONTACT NAME:		
	PREVIOUS EMPLOYER CONTACT NAME:		
	PREVIOUS EMPLOYER CONTACT NAME:		

AMOUNT OF NOTICE REQUIRED TO TERMINATE PRESENT EMPLOYMENT:

ALL ENGAGEMENTS ARE MADE ON THE BASIS OF UP TO A 3 MONTH PROBATIONARY PERIOD (OR AS SPECIFIED)

REFERENCES

MAY WE ASK A PREVIOUS EMPLOYER FOR A REFERENCE? YES NO CONTACT NAME:.....

WE WILL NOT APPROACH YOUR PRESENT EMPLOYER WITHOUT YOUR PERMISSION.

MAY WE ASK YOUR PRESENT EMPLOYER? YES NO CONTACT NAME:

PERSONAL INFORMATION

HOBBIES AND OUTSIDE INTERESTS:

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DO YOU HOLD A CURRENT DRIVING LICENCE? YES NO HOW WOULD YOU TRAVEL TO WORK?

ANY ENDORSEMENTS? YES NO

CAR OWNER? YES NO

HAVE YOU WORKED FOR US BEFORE? YES NO

IF YES, GIVE DETAILS INCLUDING REASONS FOR LEAVING

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HAVE YOU EVER BEEN CRB CHECKED? YES..... NO..... IF YES, DATE OF CHECK

PLEASE NOTE - ALL POSITIONS THAT REQUIRE A CRB CHECK MUST BE PAID FOR BY THE APPLICANT

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE (WHICH IS NOT A SPENT CONVICTION WITHIN THE MEANING OF THE REHABILITATION OF OFFENDERS ACT 1974)? YES NO

GIVE FULL DETAILS HERE:

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PLEASE GIVE DETAILS OF PRE-ARRANGED HOLIDAYS

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ARE YOU SUBJECT TO ANY POST TERMINATION RESTRAINTS OF TRADE CLAUSES? YES NO

IF YES, PLEASE GIVE FULL DETAILS

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ARE YOU WILING TO WORK OVERTIME AND WEEKENDS WHEN REQUIRED? YES NO

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

I UNDERSTAND THAT ANY FALSE INFORMATION OR DELIBERATE OMISSIONS WILL DISQUALIFY ME FROM

EMPLOYMENT OR MAY RENDER ME LIABLE TO DISMISSAL.

SIGNATURE: **DATE:**

FOR OFFICE USE ONLY

COMMENTS:

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SIGNATURE: **NAME:**