

Application for Employment

Confidential

Please complete this application form carefully and fully, as it will form the basis of any interview which you may have regarding employment with this company.

Position applied for:

Personal Details

Surname:	Title:	Forename(s):
Address:		Telephone Numbers: May we contact you at work? Y / N
Postcode:		Private:
		Mobile:
		Business:
Email address: May we contact you on this address? Y / N		Date of Birth:
		Do you hold a current driving licence? Provisional / Motorcycle / Car / HGV / PSV / None

Education

Schools (attended from age 11)	from	to	Examinations and results
College / University	from	to	Courses and results

Vocational Training

Please list any practical training such as Apprenticeship, NVQ, IT training you have undertaken along with the dates completed.

Professional Qualifications

Please indicate awarding body and dates obtained. If a member of a professional body, please state membership number and grade.

Employment

Please give details of your career, starting with your current or most recent employer.
Please account for any gaps in employment.

What is your current employment status?

Employed / Unemployed / Self-employed / Serving notice

Present employer:

Type of Business:

Date started:

Date left:

Address:

Job Title:

Reason for leaving:

Current salary:

Previous employer:

Type of Business:

Date started:

Date left:

Address:

Job Title:

Reason for leaving:

Previous employer:

Type of Business:

Date started:

Date left:

Address:

Job Title:

Reason for leaving:

Previous employer:

Type of Business:

Date started:

Date left:

Address:

Job Title:

Reason for leaving:

Please continue on a separate piece of paper if necessary.

Interests / Hobbies / Volunteer Experience

Please list any interests / hobbies / volunteer experience you may have.

Please add anything here in support of your application.

Health

Medical history

This information will assist us in fulfilling our obligations under the Disability Discrimination act.

Do you consider yourself to have a disability?

Y / N

Do you have a medical condition or ongoing medical treatment of which we should be aware?
If yes, please give details.

Y / N

Do you need any special arrangements to be made if you are called for interview?

Y / N

How many days sick leave have you had in the last twelve months?

What were the reasons for your absence?

If requested, would you be prepared to attend a medical examination during the course of your employment?

Y / N

