

# Application for Employment

Private and Confidential



Return this form to:

Position Applied for:

Reference Number:

## Personal Details

### Name

Title:

Forename(s):

Surname:

### Contact Information

Address:

Post Code:

Email:

Tel No. (Home):

Tel No. (Mobile)

N.I Number:

## Current Driving Licence

Yes:

No:

Groups:

Expiry Date:

Details of Endorsement(s):

**Are there any restrictions on you taking up Employment in the UK?**

<b>Yes:</b>		<b>No:</b>	
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**If Yes, Please Provide Details:**

**Education** (please complete in full and use a separate sheet if necessary)

	Schools/College/University Names	Qualifications Gained

**Employment History** (please complete in full and use a separate sheet if necessary)

<b>Last/Current Employment</b>	<b>Name of Employer:</b>
	<b>Address:</b>
	<b>Dates of Employment:</b>
	<b>Job Title:</b>
	<b>Duties:</b>
	<b>Rate of Pay:</b>
	<b>Reason for Leaving:</b>
	<b>Notice Period:</b>
<b>Previous Employment 2</b>	<b>Name of Employer:</b>
	<b>Address:</b>
	<b>Dates of Employment:</b>

	<b>Job Title:</b>
	<b>Duties:</b>
	<b>Rate of Pay:</b>
	<b>Reason for Leaving:</b>
<b>Previous Employment 3</b>	<b>Name of Employer:</b>
	<b>Address:</b>
	<b>Dates of Employment:</b>
	<b>Job Title:</b>
	<b>Duties:</b>
	<b>Rate of Pay:</b>
	<b>Reason for Leaving:</b>
<b>Current Membership of Professional bodies (i.e. CIPD, NMC)</b>	
	<b>Please note any professional bodies you are a member or registered with:</b>

<b>Other Employment</b>	
	<b>Please note any other employment that you would continue with if you were to be successful in obtaining the position:</b>

<b>Leisure</b>	
	<b>Please note here your leisure interests, sports and hobbies, other pastimes, etc.:</b>

**Reference** (please note here two persons from whom we may obtain both character and work experience references one of which must be your last employer)

<b>Reference 1</b>	<b>Title:</b>			
	<b>Forename(s):</b>			
	<b>Surname:</b>			
	<b>Address:</b>			
	<b>Post Code:</b>			
	<b>Contact No:</b>			
	<b>Position Held:</b>			
	<b>May we approach the above prior to interview?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

<b>Reference 2</b>	<b>Title:</b>			
	<b>Forename(s):</b>			
	<b>Surname:</b>			
	<b>Address:</b>			
	<b>Post Code:</b>			
	<b>Contact No.</b>			
	<b>Position Held</b>			
	<b>May we approach the above prior to interview?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

**General Comments**

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).

### Criminal Record

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory Disclosure & Barring Certificate from the Disclosure & Barring Service/Disclosure Scotland.

### Declaration (please read this carefully before signing this application)

1. I confirm that the information provided in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure & Barring Service/Disclosure Scotland for a Disclosure & Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

**Signed:**

**Date:**

# Equal Opportunity Monitoring



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We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information

**I would describe my sex and ethnic group as:**  
 (Please tick one box for your sex and one box for your ethnic group)

<b>Sex</b>	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>

  

<b>Ethnicity</b>	<b>White</b>		<b>Mixed</b>		<b>Asian, Asian British, Asian Scottish, Asian English or Asian Welsh</b>	
	English:	<input type="checkbox"/>	White/Black Caribbean:	<input type="checkbox"/>	Indian:	<input type="checkbox"/>
	Scottish:	<input type="checkbox"/>	White/Black African:	<input type="checkbox"/>	Pakistani:	<input type="checkbox"/>
	Welsh:	<input type="checkbox"/>	White/ Asian:	<input type="checkbox"/>	Bangladeshi:	<input type="checkbox"/>
	Irish:	<input type="checkbox"/>				
			<b>Black, Black British, Black English, Black Scottish or Black Welsh</b>		<b>Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh</b>	
			Caribbean:	<input type="checkbox"/>	Chinese:	<input type="checkbox"/>
			African:	<input type="checkbox"/>		
	<b>Other Ethnicity:</b> (please specify)	<input type="text"/>				
	<b>Prefer not to say:</b>	<input type="checkbox"/>				

  

<b>Sign:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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