



Employment Application Form

All information will be treated as private and confidential

Please complete in black ink only.

Position Applied for: _____ Date: _____

Personal Details

Surname: _____ First names: _____

Date of Birth: _____ Previous Name(s): _____

Address: _____ Home Telephone No: _____

_____ Work Telephone No: _____

_____ Mobile No: _____

Post code: _____ National Insurance Number: _____

E-Mail Address: _____

Do you require a work permit to work in the UK? Yes / No (please circle one)

Are there any restrictions on you taking up work in the UK? Yes / No (please circle one)

If Yes Please give the relevant details

Education Details

<u>School/ College/ University attended</u>	<u>Qualifications gained</u>	<u>Year Obtained</u>

Training Details

<u>Details of training courses relevant to the position applied for</u>	<u>Year obtained</u>

Interests and Hobbies - *please detail anything that you feel will support your application*

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Employment History

A full employment history from leaving education must be detailed beginning with your current employment, and covering all reasons for gaps in any given year.

Date From	Date To	Employers name and address (most recent first)	Position Held	Salary and benefits	Reason for leaving

Please continue on a separate sheet if required

Have you ever been dismissed from employment or subject to a disciplinary action?

Yes/ No (please give details if you answered yes)

Next of Kin Details

Full Name: _____ Relationship: _____

Home Address: _____ Postcode: _____

Telephone No: _____ Mobile No: _____

E-mail address: _____

Allergies Please specify below any allergies you have:

Driving Details Are you a car driver? Yes No please tick one Driving Licence No:

Are you a car/ bike owner? Yes No please tick one

Do you have any endorsements? Yes No please tick one

If you have endorsements on your license please provide details below:

Rehabilitation of Offenders Act 1974

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose? Yes No please tick one

Any information should be given below, this information will be treated as confidential and will not necessarily preclude you from employment.

Signature: _____ Date: _____

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

References

please provide two references, your current or last employer, and your previous employer or personal reference if required.

Ref 1

Name _____ contact no _____

Name of company _____

Position you worked in the company _____

Date from _____ to _____

Address _____

Ref 2

Name _____ contact no _____

Name of company _____

Position you worked in the company _____

Date from _____ to _____

Address _____

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signed: _____ Dated: _____

Pre-Employment Health Questionnaire

Name of applicant _____ DOB _____

In order to comply with the Health and Social Care Act 2008 Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your application.	
Have you ever had or suffered from:	please tick
Epilepsy/Blackouts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nervous Mental Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migraine/Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sensory Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back pain/Previous Back Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthmatic or respiratory ailments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurring Incidence of Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered yes to any of the above questions please give details below

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I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signed: _____ Dated: _____

EQUAL OPPORTUNITY MONITORING

Private & Confidential

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:

Gender Male Female I do not wish to disclose this

Race Relations (Amendment) 2000 I would describe my ethnic origin as:

Asian or Asian British please tick one

Bangladeshi Indian Pakistani Any other Asian background

Black of Black British please tick one

African Caribbean Any other Black background

Mixed Raced please tick one

White & Asian White & Black African White & Black Caribbean Any other missed background

White please tick one

British Irish Any other white background

Other Ethnic Group please tick one

Chinese Any other ethnic group I do not want to disclose this

Employment Equality Regulations 2003

Please select the option which best describes your sexuality:

Lesbian

Gay

Bisexual

Heterosexual

I do not wish to disclose this

Please indicate your religion or belief:

Atheism

Buddhism

Christianity

Hinduism

Islam

Jainism

Judaism

Sikhism

Other

I do not wish to disclose this

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signed: _____ Dated _____