

Employment Application Form

All information given will be treated as strictly confidential
PLEASE COMPLETE IN BLOCK CAPITALS

Position applied for	Date started (OFFICE USE)	N/Insurance No.
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Title	Name	Surname
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Current Address

Previous address (if lived at current less than three years)

Home phone	
Mobile phone	
E-mail address	
	Yes <input type="checkbox"/>
Are there any restrictions on you taking up employment in the U.K. ?	
If yes, please provide details:	
	No <input type="checkbox"/>
Do you hold a current driving licence valid in the UK? Yes <input type="checkbox"/>	
No <input type="checkbox"/>	
Groups	
Expiry date	
Details of Endorsements	

Next of Kin			
Name	Relationship (optional)	Telephone	Email, etc.
Address			

<p>The position may require you to carry boxes up to 25kgs. Are you able to do so? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Please specify any special arrangements for work associated with any impairment:</p> <p>Please specify any special arrangements you will need to attend an interview:</p>
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Employment history					
Employer details & nature of business	Position & responsibilities	From	To	Leaving salary	Reason for leaving
Notice required in current post					

REFERENCES FOR BOTH CHARACTER & WORK EXPERIENCE
Name, address and telephone of referee 1
Name, address and telephone of referee 2

Bank details (OFFICE USE – DON'T FILL THIS IN)	
Bank name	<input style="width:100%" type="text"/>
Address	<input style="width:100%" type="text"/>
Sort code	<input style="width:20px" type="text"/> <input style="width:20px" type="text"/> - <input style="width:20px" type="text"/> <input style="width:20px" type="text"/> - <input style="width:20px" type="text"/> <input style="width:20px" type="text"/>
Account number	<input style="width:20px" type="text"/> <input style="width:20px" type="text"/> <input style="width:20px" type="text"/> <input style="width:20px" type="text"/> <input style="width:20px" type="text"/> <input style="width:20px" type="text"/> <input style="width:20px" type="text"/> <input style="width:20px" type="text"/>
NB: OFFICE USE ONLY - DON'T FILL THIS IN UNTIL REQUESTED TO DO SO	

Education history

School, college, etc	From	To	Course details & results

Languages and Specialized skills**Any other information that you feel may help your application**

Do you have a criminal record? Yes
No

Details:

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 basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office..

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

I agree that the organisation reserves the right to require me to undergo a medical examination. (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 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.

I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. 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.

Date:

Signature: