

**APPLICATION FOR EMPLOYMENT**

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| **PRIVATE AND CONFIDENTIAL**  Return this form to: Ref. No: ……………  **POSITION APPLIED FOR:** ………………………………………………………………………………. | | |
| Surname | Forename(s) | Title |
| Address | | |
| Date of Birth | Telephone Number | |
| Current Driving Licence?  Yes/No    Groups  Expiry Date | Details of Endorsements | |

**EDUCATION HISTORY**

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| --- |
| Schools Qualifications gained |
| Colleges/Universities Qualifications gained |
| Other Training |

**EMPLOYMENT HISTORY**

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| --- | --- | --- | --- | --- |
| From To | Name and Address of Employer | Job Title and Duties | Start/Finish Salary | Reason for Leaving |
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| Notice required in current post: | | | | |

**REFERENCES**

|  |  |
| --- | --- |
| Please note here the names and addresses of two persons from whom we may obtain both character and work experience references. | |
| 1. | 2. |

**OTHER EMPLOYMENT**

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| Please note any other employment you would continue with if you were to be successful in obtaining this position. |

**LEISURE**

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| Please note here your leisure interests, sports and hobbies, other pastimes etc. |

**CRIMINAL RECORD**

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| Please note any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974. If none please state. |

**GENERAL COMMENTS**

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| Please details here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post. |

**HEALTH DETAILS**

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| Are you disabled? YES/NO. If YES, please specify any special needs in relation to your interview |

**DECLARATION (Please read this carefully before signing this application)**

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| 1. 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. 2. 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.)   Signed Date |

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| **FOR OFFICE USE ONLY**  First interview date and notes:  Second interview date and notes:  Offer letter: Y/N Rejection letter: Y/N  Acceptance: Y/N References: Y/N Medical: Y/N  PASS TO ADMIN: DEAD FILE/NEW FILE |