

Application for Employment

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:

Driving Licence

Yes:

No:

Groups:

Expiry Date:

Details of Endorsement:

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

Yes:

No:

If Yes, Please Provide Details:

Education		
	Schools/College/University Name	Qualifications Gained

Employment History (please complete in full and use a separate sheet if necessary)	
Last/Current Employment	Name of Employer:
	Address:
	Dates of Employment:
	Job Title:
	Duties:
	Rate of Pay:
	Reason for Leaving:
	Notice Period:
Previous Employment #2	Name of Employer:
	Address:
	Dates of Employment:
	Job Title:
	Duties:
	Rate of Pay:
	Reason for Leaving:
Previous Employment #3	Name of Employer:
	Address:
	Dates of Employment:
	Job Title:
	Duties:
	Rate of Pay:
	Reason for Leaving:

Current Membership of Professional bodies (i.e. CIPD, NMC)

	Please note any professional bodies you are a member or registered with:

Other Employment

	Please note any other employment that you would continue with if you were to be successful in obtaining the position:

References (please note here two persons from whom we may obtain both character and work references)

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

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

Criminal Record

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders (Northern Ireland) Order 1978. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory disclosure of criminal records.

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Declaration (please read this carefully before signing this application)

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. 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 for disclosure of criminal records. I understand that if 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:

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Date:

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