

STAFF APPLICATION FORM

Position Applied For

The following information will be treated in the strictest confidence.

Personal

Surname	
First Name	
Address	
Address	
Postal Code	
Home Telephone Number	
Mobile Telephone Number	

Full Driving Licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Endorsements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If YES, please give further details including dates:

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Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? **Yes / No**

If YES, please give full details:

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Are you subject to any restrictions or covenants which might restrict your working activities? **Yes / No**

If YES, please give full details:

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Are you willing to work overtime and weekends if required? **Yes / No**

Please give details of any hours which you would not wish to work:

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Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974?) **Yes / No**

If YES, please give full details:

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If offered employment, you will be required to complete a Medical Questionnaire.
Are you prepared to undergo a medical examination before starting employment?

Yes / No

Have you ever worked for this Company before?

Yes / No

If YES, please give full details including dates:

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Have you applied for employment with this Company before?

Yes / No

Do you need a work permit to take up employment in the U.K.?

Yes / No

How much notice are you required to give to your current employer?

Education

Schools attended since age 11	From	To	Examinations	Grade

College or University	From	To	Examinations	Grade

Further Formal Training	From	To	Diploma / Qualification

Job Related Training Courses Name of Organisation	Date	Subject

Employment Details Present or Last Employer

Are you currently employed?

Yes / No

Can we approach your present employer before an offer of employment is made?

Yes / No

Name of present or last employer	
Address	
Address	
Post Code	
Telephone number	
Nature of business	
Job title & brief description of duties	
Reason for leaving	

Length of service: From: [Click here to enter a date.](#)To [Click here to enter a date.](#)

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Employers Name and Address	Dates		Position Held and Main Duties	Reason for Leaving
	From	To		

Interests, Achievements, and Leisure Activities

(e.g. hobbies, sports, club memberships)

Knowledge, Skills and Experience

Please explain how you meet the job requirements. It is recommended that you use the headings from the person specification to help you focus on the knowledge, skills and experience relevant to the job. You may draw on experience gained from employment, voluntary work or any outside interests. (Max 600 words)

Please give details of membership of any technical or professional associations:

Please list languages spoken and the level of competence:

Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Signed	
Print Full Name	
Date	

Please note that if you are sending this form by email then leave the above 'signed' field blank. If you are asked to attend for interview you will be given the form to be signed prior to your interview.

References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Name		Name	
Position		Position	
Address		Address	
Address		Address	
Postal Code		Postal Code	
Telephone Number		Telephone Number	

Source of Application

How did you hear of this vacancy?

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