**APPLICATION FOR EMPLOYMENT**

# PRIVATE AND CONFIDENTIAL For handwritten applications please complete in BLOCK CAPITALS

|  |  |
| --- | --- |
| Position applied for: |  |
|  |
| **A. PERSONAL PARTICULARS** |
|  |
| Full Name: Mr/Ms/Mrs/Miss |
| Address: | Telephone Number: |
|  | Home: |
|  |
| Mobile: |
|  |
| Business: |
|  | (Tick box if you do not want to be contacted at work). |  |  |
|  |
| Email: |  |
|  |  |
| N.I. Number: |  |
|  |
|  |
| **B. EDUCATION AND QUALIFICATIONS** |
|  |  |  |  |  |  |
|  QUALIFICATIONS: Please give details of examinations attempted and results (including any examinations failed). |
|  |
| Name(s) and Address(es) | Dates | Subject/Courses | Examination Result/ |
| of School(s)/College(s) |  |  | Studied & Level | Grade  |
|  | From | To |  |  |
|  |  |  |  |  |

|  |
| --- |
|  FURTHER AND HIGHER EDUCATION: Please give details of all further and higher education since leaving school  |
|  including training courses and details of qualifications. |
|  |
| University/College/ | Dates | Subjects Studied/ | Qualifications |
| Institute Attended |  |  | Type of Training | Obtained |
|  | From | To |  |  |
|  |  |  |  |  |
| PROFESSIONAL ASSOCIATIONS: Please state whether you are a member of any technical or professional association, and if so, which: |

**C. EMPLOYMENT HISTORY**

 Please list in reverse order all the organisations for which you have worked during the last 20 years:

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) and Address(es) | Dates | Position Held/ | Reason for |
| of Employer(s) | From | To | Main Duties | Leaving |
|  |  |  |  |  |

**D. RELEVANT EXPERIENCE**

Please give details of your spiritual/natural gifts, experience, skills or achievements which you feel may be relevant in your application for this post. (Continue on separate sheet if necessary):

|  |
| --- |
|  |

**E. HEALTH**

|  |  |
| --- | --- |
| Are you in good health? | Yes/No |
| If no, please give further information: |  |
| Have you ever suffered from any serious illness or had any major operation? | Yes/No |
| If yes, please give details: |  |

 **F. SUPPLEMENTARY INFORMATION**

|  |  |
| --- | --- |
| Are you subject to any restraints in your current or future employment?If yes, please give further information: | Yes/No |
| Have you ever been convicted of a criminal offence (which is not a spent conviction under the Rehabilitation of Offenders Legislation):If yes, please give further information: | Yes/No |
| Salary Range Expected: |  |
| How much notice are you required to give to leave your present employment? |  |
|  |  |
| Please list your interests, sports, hobbies, etc. |  |
| Do you have a current full driving licence? | Yes/No |
| Does your licence have any current endorsements?If yes, please give further information: | Yes/No |

## G. REFERENCES

 Please give the names and addresses of **two referees** who are not related to you, who we can approach for a confidential assessment of your suitability for this job. (One of these should normally be a previous employer).

 Can we approach your present/most recent employer? Yes/No

|  |  |
| --- | --- |
|  Name, Position, Address and Telephone Number  | Name, Position, Address and Telephone Number |
|  |  |

|  |
| --- |
| (Tick in box if you do not wish your employer to be contacted before an offer of employment is made)  |

 **DECLARATION OF APPLICANT**

 I confirm that the above information is correct.

Signed: .......................................................……………....... Date: ......................................

|  |  |
| --- | --- |
|  **FOR OFFICE USE ONLY** | **INTERVIEW RECORD** |

|  |  |
| --- | --- |
| Interviewed by: | Date: |
| Comments/Areas to Examine: |
|  |
| Decision: | Reject |  | Further Interview |  | Accept |  |  |
| (tick as applicable) |
|  |
|  |
| Interviewer’s report and reasons for decision: |
|  | Rejection letter sent: Yes/No |

|  |
| --- |
| **APPOINTMENT RECORD** (To be completed where there has been an offer of employment). |
| CONDITIONAL OFFER LETTER:Date sent:Response:Acceptance/Refusal/No reply | REQUESTS FOR REFERENCES:Date sent:Response:Good/Satisfactory/No Reply/ Suspect/Unsuitable |
| MEDICAL/MEDICAL REPORT:Date sent:Response:Good/Satisfactory/ Suspect/Unsuitable | OTHER CONDITIONS:Further proof of N.I. number or right to work requested: |
| Starting Date: Starting Salary: | Job Title: |