



APPLICATION FOR EMPLOYMENT

Please complete this form and return it to the General Manager at the above address.

YOUR PERSONAL DETAILS

First name(s):			
Surname:			
Title (Mr/Mrs/Miss/Ms):			
Present address:			
	Post code:		
Telephone number (daytime):			
Telephone number (evenings):			
National insurance number:			

We will need to see documentary proof of your NI number.

GENERAL DETAILS

Position applied for:	
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When are you available to work? Please tick **all** the times you could work. (The time shown below are indicative. We will agree an exact working schedule with you at the time an offer of appointment is made.)

	Mon	Tue	Wed	Thu	Fri	Sat
Early morning (07:00 – 09.30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning (09.00 – 11.30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunchtime (11.00 – 14.30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (13.30 – 17.30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (16.00 – 18.00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you hold a current driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have you ever been convicted of a criminal offence which is not 'spent' under the Rehabilitation of Offenders Act?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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What is your present salary?	
How much notice would you have to give?	

EDUCATION

Please give details of schools/colleges attended from the age of 11 onwards.

Name of school/college	From	To	Subject and Grade eg GCSE O/A level*

* If you have completed a qualification in higher education, you need only write the number of GCSE/O/A levels achieved.

If you have any other qualifications which you feel may be relevant to your application, list them below.

Please give your previous work experience below starting with your most recent position.

Employer	Job Title/Position	From	To	Reason for leaving

OTHER SUPPORTING INFORMATION

Do you take part in any activities or hobbies that may support your application? You may also wish to add other information in support of your application relating your experience to the post. If so, please attach a separate sheet, clearly headed with your personal details.

OTHER INFORMATION

Have you ever left a job because of ill health? Yes No

Do you consider yourself to have a disability? Yes No

Please give your date of birth:

REFERENCES

You should complete two of the three boxes. If you have work experience, you should complete PERSONAL and EMPLOYER. If you have no previous work experience, you should complete PERSONAL and SCHOOL/COLLEGE.

PERSONAL	EMPLOYER	SCHOOL/COLLEGE
Name:	Name:	Name:
Home address:	Company address:	School/College address:
Daytime telephone no:	Daytime telephone no:	Daytime telephone no:

DECLARATION

I confirm that the information given on this application form is correct to the best of my knowledge and that the information may be used for registration purposes under the Data Protection Act 1998. I understand that any engagement entered into is subject to a probationary period, satisfactory references and documentary evidence of my NI number.

Any false information provided in support of your application could lead to disqualification or dismissal after employment.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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Application notes – do not write in this box:

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