



APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL

Please complete in BLOCK CAPITALS

(please attach a copy of your curriculum vitae if you so wish)

Position applied for:

How did you hear of this vacancy? (include date)

A. PERSONAL PARTICULARS

Full Name: Mr/Ms/Mrs/Miss	
Address: _____ _____ _____	Telephone Number: (Including area / country code as applicable)
	Home:
	Business: (Tick box if you do not want to be contacted at work) <input type="checkbox"/>
Email address:	Mobile:

B. EDUCATION AND QUALIFICATIONS

Please give details of all examinations/qualifications obtained and results from secondary level onwards.

Name(s) of School(s) / College(s) / Universities	Qualifications Obtained	Examination Result / Grade

PROFESSIONAL ASSOCIATIONS: Please state whether you are a member of any technical or professional association, and if so, which:

FOREIGN LANGUAGES: Please list any foreign languages you speak and indicate your level of competence both oral and written:

Language	Oral				Written			
	Basic	Working Knowledge	Fluent	Mother Tongue	Basic	Working Knowledge	Fluent	Mother Tongue
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. EMPLOYMENT HISTORY

Please list (most recent first) all the organisations for which you have worked during the last 10 years:

Name(s) and Address(es) of Employer(s)	Date From (mm/yy)	Date To (mm/yy)	Position Held / Main Duties	Starting / Leaving Salary	Reason for Leaving

D. HEALTH

Please notify us if you have any health issues or you ever suffered from any serious illness or had any major operation?

Are you prepared to undergo a medical examination prior to employment if requested? Yes No

NB: Please note we require the above information for Health and Safety reasons and to assist us in making reasonable adjustments where necessary.

E. SUPPLEMENTARY INFORMATION

Please give dates of any pre-arranged holidays:	
Are you willing to work overtime and weekends when required? Please tick which you are able to do. <input type="checkbox"/> Overtime <input type="checkbox"/> Evening Shifts <input type="checkbox"/> Weekends <input type="checkbox"/> Night Shift	
Have you been convicted of a criminal offence which is not a spent conviction under the Rehabilitation of Offenders Legislation? <i>If yes, please provide preliminary detail, including all relevant dates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary Expectations:	
How much notice are you required to give to leave your present employment?	
If you are offered employment when would you be available to commence employment?	Date:
Have you worked for us before? <i>If yes, give details of in what capacity and reason for leaving:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a current full driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

F. ABOUT YOU (Please use supplementary paper as necessary)

Please give details of any experience, skills or achievements which you feel may be relevant in your application for employment.
What are your motivations for applying for this role?
Please give an example of when you provided excellent customer service.
Tell me about a time when you handled a difficult customer situation.
Please list your interests, sports, hobbies etc.

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 must be a previous employer).**

Name, Position, Address and Telephone Number	Name, Position, Address and Telephone Number
Email address if known	Email address if known

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

I understand that any false information or deliberate omissions will cause my application for employment to be unsuccessful or, in the event of employment, render me liable to dismissal.

I consent to the Organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties, such as referees, relating to my application or future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and, if successful, the information will be used to form my personnel record and will be retained for the duration of my employment and as long as is deemed necessary thereafter. If I am not successful, I understand that the Organisation will retain the form for as long as is deemed necessary for the purpose of recruitment and that the Organisation may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signed

X

Date

X

FOR OFFICE USE ONLY

INTERVIEW RECORD (To be completed if interview assessment form has not been already completed).

Curriculum screened by:	Date:	Telephone screened by:	Date:
Interviewed by:	Date:	Decision: <input type="checkbox"/> Regret <input type="checkbox"/> Further Interview <input type="checkbox"/> Accept	
Comments		Interviewer's report and reasons for decision:	
		Regret letter sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPOINTMENT RECORD (To be completed where there has been an offer of employment).

CONDITIONAL OFFER LETTER: Date sent: Response: Acceptance / Withdrawn / No reply	REQUESTS FOR REFERENCE 1: Date sent: Response: Excellent / Good / Satisfactory / No Reply / Unsuitable	REQUESTS FOR REFERENCE 2: Date sent: Response: Excellent / Good / Satisfactory / No Reply / Unsuitable
MEDICAL EXAMINATION / MEDICAL REPORT (If necessary): Date sent: Response: Possible reasonable adjustments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Starting Date: Starting Salary:	Job Title:	