

EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR:		PREFERRED BRANCH: MELKSHAM / FROME	
DATE AVAILABLE FOR WORK:		PREFERRED HOURS (IF APPLICABLE): FULL TIME / PART TIME / CASUAL	
HOW DID YOU HEAR ABOUT THE JOB?			
PERSONAL INFORMATION			
NAME:			
ADDRESS: _____ _____ _____ POSTCODE _____			
TEL. NO.			
EMAIL:			
D.O.B	GENDER	M / F	Do you smoke?
Are you legally eligible for UK employment? (delete as applicable)	YES	NO	
If the job you are applying for requires you to drive, do you have a driving licence?	YES	NO	
Are there any endorsements on your driving licence?	YES	NO	
Have you ever been convicted of a criminal offence?	YES	NO	
PRESENT EMPLOYMENT (If now unemployed give details of last employer)			
Please tick as appropriate; present employer? <input type="checkbox"/> *Last employer? <input type="checkbox"/>			
Company Name: _____			
Current Job Title: _____			
Your current salary/ wage is £ _____ Bonus/ Commission per annum/ month £ _____ Per annum/ week/ month (delete as applicable).			
What are your hours of work? _____			
What is your annual holiday entitlement? _____			
How long have you held your position? _____ Length of service with company: _____			
Please give details of any other positions you have held with your current employer:			
<u>Job Title.</u>	<u>Period Held.</u>	<u>Last salary/ wage.</u>	
_____	_____	_____	
_____	_____	_____	
*If this was your last employer; reason for leaving: _____			

PREVIOUS EMPLOYMENT

Company Name: _____

Job Position: _____

Main Duties: _____

Leaving salary: _____ Reason for leaving: _____

Company Name: _____

Job Position: _____

Main Duties: _____

Leaving salary: _____ Reason for leaving: _____

Company Name: _____

Job Position: _____

Main Duties: _____

Leaving salary: _____ Reason for leaving: _____

EDUCATION

Schools attended	From	To	Qualifications obtained.

Further Education Record.			
University/ College attended	From	To	Qualifications obtained.

Professional Qualifications Record.			
Professional Body	From	To	Qualifications obtained.

REFERENCES

Please give details of two people we may contact for a reference. They must not be related to you.

NAME: _____ OCCUPATION: _____

ADDRESS: _____

_____ POSTCODE: _____

'RELATIONSHIP' TO YOU (e.g. former employer etc.) _____

Please give details of two people we may contact for a reference. They must not be related to you.

NAME: _____ OCCUPATION: _____

ADDRESS: _____

_____ POSTCODE: _____

'RELATIONSHIP' TO YOU (e.g. former employer etc.) _____

DISABILITY DISCRIMINATION ACT

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application and may limit your ability to do the job you are applying for? Yes No
If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes No

If yes, please give details:

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed

DECLARATION

1. I declare that, to the best of my knowledge, the information I have given is correct and I have not withheld any information.
2. I understand that if my application is successful I will be required to complete a medical questionnaire prior to being appointed and I may be required to attend a medical examination.
3. I understand that failure to disclose relevant information or giving false information may result in the termination of my employment.

Signature..... Date

FOR OFFICE USE ONLY

DATE REC'D: _____ KEEP ON FILE UNTIL: _____ RECOMMENDATION: _____

NOTES: