



APPLICATION FOR EMPLOYMENT

Please Complete By Hand Using Block Capitals

Vacancy Applied For:

A. PERSONAL DETAILS

Surname _____ First Name _____ Title _____

Address _____

_____ Post Code _____

Telephone Number (inc Area Code) _____

National Insurance Number _____

B. EDUCATION

Please list all schools / colleges attended, exams taken and results received:

Name of School / College	Dates of Attendance	Level	Subject	Result

Please list any further examinations passed / courses attended, or any further information that may be relevant to your application:

C. EMPLOYMENT HISTORY

Please state particulars of present & previous employment. Begin with your present employer. Please indicate all previous periods of unemployment:

Full Name & Address of Employment:				
Date of Employment	Job Title	Duties	Current Wage / Wage on Leaving	Reason for Leaving

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D. PERSONAL INTERESTS

Please give brief details of hobbies, sport and other interests:

E. GENERAL INFORMATION

Are you available to work Evenings & Weekends? YES NO

Do you hold a current and clean Driving License? YES NO

If no, please give details (i.e. number of penalty points received etc):

Have you ever been refused Motor Insurance? YES NO

If yes, please give details:

Have you ever been convicted of a Criminal Offence? YES NO

If yes, please give details (excluding 'spent' convictions under Rehabilitation of Offenders (NI) Order 1978):

F. HEALTH

Note: The company reserves the right to require any employee to undergo a medical examination prior to or during employment or may seek, with the employees consent, relevant medical particulars.

Have you ever undergone major surgery or suffered from any of the following?

Chest Complaint

Back Complaint

Hernia

Dermatitis (or similar skin infection)

Fainting

Fits / Black Outs

YES NO

If yes, please give details:

Have you ever been absent for over 1 week due to illness during the past 2 years?

YES NO

If yes, please specify nature of illness and length of non-attendance:

Have you ever made a claim for industrial injury or dismissal? YES NO

If yes, please give details:

Do you suffer from any physical or mental defect or partial disability (e.g. Eye-sight, Colour Blindness, Hearing etc)?

YES NO

If yes, please give details:

Are you registered as Disabled?

YES NO

Registration Number

Expiry Date

Nature of Disability & Restrictions (if any)

G. REFERENCES

Please give the names, present addresses and occupations of two persons (preferably one employer and one personal, but not relatives) who would be willing to supply references:

Name _____

Name_____

Occupation_____

Occupation_____

Address_____

Address_____

Post Code_____

Post Code_____

Telephone_____

Telephone_____

How much notice are you required to give to you present employer?_____

If appointed, when could you commence work?_____

Are there any dates / times when you would not be available for interview?_____

The foregoing particulars are complete and correct to the best of my knowledge and belief. I have read and I understand the requirements and particulars of the appointment, which have been supplied to me.

Signature of Candidate_____

Date_____

A candidate found to have knowingly given false information, or to have wilfully suppressed any material fact will be liable to disqualification or. If appointed, to dismissal. Canvassing will disqualify