

APPLICATION FOR EMPLOYMENT

| | |
|-------------|-------|
| Surname: | Date: |
| First name: | |

| |
|---------------|
| Home address: |
|---------------|

| |
|------------------------------|
| Tel no, daytime: Evening: |
|------------------------------|

| | |
|----------------|------------------------|
| Date of birth: | National insurance no: |
|----------------|------------------------|

| |
|-----------------------|
| Position applied for: |
|-----------------------|

Details of Education

| Exams taken | Grades |
|-------------|--------|
| | |

| |
|------------------------|
| Hobbies and interests: |
|------------------------|

Medical History

Have you ever had or do you suffer from:

Any serious illness:

Broken bones:

Skin complaints:

Asthma:

Epileptic fits:

Bronchial disorders:

Any other:

Do you smoke?

Job History

| Employer's name & address | to/from | salary | reason for leaving |
|---------------------------|---------|--------|--------------------|
| | | | |

Notice of termination, by present employer:

Please give a brief description of why you wish to work for our company:

Please give the name and address of TWO people from whom we can obtain personal references (only one employer)

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|--------------|
| 1 |
| Name..... |
| Address..... |
| |
| |
| Tel no..... |

| |
|--------------|
| 2 |
| Name..... |
| Address..... |
| |
| |
| Tel no..... |

Disability

Under the Equality Act 2010 disability is defined as:

'A physical or mental impairment which has substantial and long term adverse effect on a person's ability to carry out normal day to day activities.'

Do you consider that you have a disability, including 'hidden' disabilities i.e. dyslexia, learning disability, epilepsy? Yes No

If YES, please give details of your disability:

Would your disability cause you to have any special requirements if you were asked to attend an interview at these offices? Yes No

If so, please give details of how we could assist you:

Data Protection Act

When you sign and return this form you are giving permission to process and hold the information you have supplied on it, including any information you consider to be personal and sensitive. If your application is unsuccessful, the form will be held for 6 months and then destroyed.

Declaration

I confirm that this information is, to the best of my knowledge, true and accurate. Any false statement will result in rejection as a candidate or dismissal if employment has started.

Signature of applicant:

Date:

Please attach a current C.V.