

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR

AVAILABLE START DATE

Please read the job specification before completing this application form. Please complete this form fully using black ink. CVs are not accepted. Applications received after the closing date will not normally be considered. If you have not received a response to your application within 28 days of the closing date, please assume that you have not been successful on this occasion.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

SECTION 1: PERSONAL DETAILS

SURNAME:	FIRST NAME:	TITLE:
ADDRESS:		
POSTCODE:		
HOME TEL No:	EMAIL:	
MOBILE No:	DAYTIME No:	

Are you free to take up employment in the UK with no current immigration restrictions?

Yes/No

(Delete as applicable)

Do you hold a full, clean driving licence valid for the UK?

Yes/No

(Delete as applicable)

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

SECTION 2: EDUCATION

Qualifications obtained from School, College or University. Please list highest qualification first:

Further Education & Training	Course / Subjects Studied	Qualifications / Grades
School	Subjects	Qualifications/Grades

Continue on a separate sheet if necessary

SECTION 3: PRESENT EMPLOYMENT

(If now unemployed, please give details of your last employer)

NAME OF EMPLOYER:

ADDRESS:

POSTCODE:

TELEPHONE:

JOB TITLE:

DEPARTMENT:

RESPONSIBLE TO:

NO OF PEOPLE REPORTING DIRECTLY TO YOU:

NATURE OF BUSINESS:

NUMBER OF EMPLOYEES:

FROM:

TO:

NOTICE PERIOD:

STARTING SALARY:

SALARY NOW:

BENEFITS / OTHER EARNINGS

AVERAGE HOURS / WEEK

BRIEF DESCRIPTION OF DUTIES *(continue on a separate sheet if necessary)*

REASON FOR LEAVING:

Continue on a separate sheet if necessary

SECTION 4: PREVIOUS EMPLOYMENT

(In date order, most recent first)

NAME OF EMPLOYER:

ADDRESS:

POSTCODE:

JOB TITLE:

DEPARTMENT:

FROM:

TO:

STARTING SALARY:

FINAL SALARY:

BRIEF DESCRIPTION OF DUTIES *(continue on a separate sheet if necessary)*

REASON FOR LEAVING:

NAME OF EMPLOYER:

ADDRESS:

POSTCODE:

JOB TITLE:

DEPARTMENT:

FROM:

TO:

STARTING SALARY:

FINAL SALARY:

BRIEF DESCRIPTION OF DUTIES *(continue on a separate sheet if necessary)*

REASON FOR LEAVING:

SECTION 4: PREVIOUS EMPLOYMENT

(In date order, most recent first)

NAME OF EMPLOYER:

ADDRESS:

POSTCODE:

JOB TITLE:

DEPARTMENT:

FROM:

TO:

STARTING SALARY:

FINAL SALARY:

BRIEF DESCRIPTION OF DUTIES *(continue on a separate sheet if necessary)*

REASON FOR LEAVING:

NAME OF EMPLOYER:

ADDRESS:

POSTCODE:

JOB TITLE:

DEPARTMENT:

FROM:

TO:

STARTING SALARY:

FINAL SALARY:

BRIEF DESCRIPTION OF DUTIES *(continue on a separate sheet if necessary)*

REASON FOR LEAVING:

SECTION 5: TRAINING & DEVELOPMENT

Please give details of any training and development courses or non-qualifications courses, which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course
Professional, Technical/Management Qualifications	Course Details
<i>Continue on a separate sheet if necessary</i>	

SECTION 6: IT SKILLS

Provide a brief description of packages used. Please indicate whether knowledge is basic, intermediate or advanced.

Software Package / Program	Level of Knowledge
<i>Continue on a separate sheet if necessary</i>	

SECTION 7: LANGUAGES

In which foreign language can you communicate? Please indicate whether knowledge is fluent, intermediate or basic.

Written	Oral
<i>Continue on a separate sheet if necessary</i>	

SECTION 8: GENERAL

What are your main interests, sports and hobbies etc?

To which clubs or societies do you belong?

Continue on a separate sheet if necessary

SECTION 9: AVAILABILITY & NEXT STAGE

AVAILABILITY:

When would you be available for interview?:

If offered this job when could you start?:

LEAVE: Do you have any holiday commitments in the next 12 months? YES / NO (if yes give dates below)

How did you get to know about this vacancy?

Do you know anyone in our employment?

NEXT STAGE:

In the event of you progressing to the next stage, would you be willing to agree to a criminal check if required? YES / NO

In the event of you progressing to the next stage, would you be willing to have a medical examination if required? YES / NO

SECTION 10: REFERENCES

Please give the names and addresses of two referees, preferably your two most recent employers (if applicable). If you are unable to do this, please clearly outline below who your referees are.

PLEASE NOTE: Referees should not be persons related to you who can vouch for your Work Experience and Character.

Reference 1		Reference 2	
Name:		Name:	
Position:		Position:	
Work Relationship:		Work Relationship:	
Organisation:		Organisation:	
Address:		Address:	
Postcode:		Postcode:	
Telephone:		Telephone:	
Email:		Email:	
Can this referee be contacted now?	YES / NO	Can this referee be contacted now?	YES / NO

SECTION 11: DECLARATION

Please read carefully, then sign and date your application.

The Data Protection Act 1998 (DPA)

The information you provide on this application form will be processed only for the purposes of recruitment by persons necessarily involved in the recruitment procedure. We may contact relevant third parties in order to verify certain information given in your application (NB. REFERENCES are subject to your consent).

You have a right to your application processed manually and to appeal against any negative outcome of automated processing. Upon completion of the recruitment procedure, information on you may be stored for a period of up to six months after which it will be destroyed.

I confirm that the above information is correct and I consent to it being processed (see DPA above) for the purposes of Recruitment.

Applicant Signature:

Date:

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SECTION 12: NOTES

Use this section if you require additional space to answer any of the above questions

EQUAL OPPORTUNITIES MONITORING FORM

The information you provide will be used solely to monitor the effectiveness of our recruitment policies and procedures; the information will not be used in assessing candidates. This form will be separated from your application on receipt.

If you are short-listed for interview and you have a disability please inform us separately of any requirements you may have, eg car parking, access etc and we will endeavour to provide a solution.

APPLICANT

POSITION APPLIED FOR						
TITLE:		DATE:				
FIRST NAME:						
SURNAME:						
DATE OF BIRTH:						
AGE CATEGORY:	Under 25	<input type="checkbox"/>	25 – 50	<input type="checkbox"/>	Over 50	<input type="checkbox"/>
GENDER:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		

ETHNIC ORIGIN

(Please indicate by ticking the appropriate box)

White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> European	<input type="checkbox"/> Any other white background
Mixed	<input type="checkbox"/> White & black Caribbean	<input type="checkbox"/> White & black African	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Any other mixed background
Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> British	<input type="checkbox"/> Any other black background
Asian or British Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Asian background
Any other ethnic category (please specify) _____				

RELIGIOUS BELIEF

Please indicate your religious belief:

<input type="checkbox"/> Atheism	<input type="checkbox"/> Judaism	<input type="checkbox"/> Jainism	<input type="checkbox"/> Christianity	<input type="checkbox"/> Buddhism	<input type="checkbox"/> Sikhism	<input type="checkbox"/> Islam
<input type="checkbox"/> Hinduism	<input type="checkbox"/> I do not wish to disclose my religion/belief					
Any other religious belief (please specify) _____						

MARITAL STATUS

<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Common Law Partnership	<input type="checkbox"/> Married	<input type="checkbox"/> Married / Civil Partnership
Other _____				

SEXUAL ORIENTATION

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> I do not wish to disclose my sexual orientation
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DISABILITY DISCRIMINATION ACT 2005

Definition of disability: a physical or mental impairment that has a substantial and long term effect on a person's ability to carry out normal day-to-day activities. Do you consider that you have a disability as defined under the Disability Discrimination Act 2005?

Yes No I do not wish to disclose whether or not I have a disability.

If yes, please give details: _____

