A black sign with white text

Description automatically generated

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application for Employment | | | | | | | | | | | | | | |
| Position applied for: | | | |  | | | | | | | | | | |
| Surname: |  | | | | | | | First Name: | | |  | | | |
| Address: |  | | | | | | | Phone Numbers…. | | | | | | |
|  | | | | | | | | Home: | | |  | | | |
|  | | | | | | | | Mobile: | | |  | | | |
|  | | | | | | | | Other: | | |  | | | |
| Email Address: | | |  | | | | | | | | | | | |
| Source of application (name of newspaper, internet, email etc): | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Section 1 – General Information:** | | | | | | | | | | | | | | |
| Place of Birth: | |  | | | | | Nationality: | |  | | | | | |
| Have you had any criminal convictions? | | | | | Yes | | No | | | | | | | |
|  | | | | | | | | | | | | | | |
| When would you be able to take up an appointment with the company? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Do you have a current full driving licence? | | | | | | | | Yes | | | | No | | |
| Do you have a forklift (telescopic) licence? | | | | | | | | Yes | | | | No | | |
| Have you had any driving accidents or endorsements in the last 5 years? | | | | | | | | Yes | | | | No | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | **Personal References** (at least one employer) | | | | | | | |
| Name: | |  | | | | | Name: | | |  | | | | |
| Occupation: | |  | | | | | Occupation: | | |  | | | | |
| Address: | |  | | | | | Address: | | |  | | | | |
|  | | | | | | |  | | | | | | | |
|  | | | | | | |  | | | | | | | |
|  | | | | | | |  | | | | | | | |
| Relationship: | |  | | | | | Relationship: | | |  | | | | |
| Do we have permission to approach one or both references prior to an offer of employment being made? | | | | | | | | | | | | | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 2 – Present/Previous Employment** (please attach additional sheets if you require more space) | | | |
| Present/Last Position:  (inc length of time in that position and whether full-time or part-time) | Employer’s Name, Address  & Nature of Business | Position held and brief details of duties  (Indicate reason for leaving) | Salary, starting  and final |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Previous Employment History** | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Section 3 – Secondary School Education** (please attach additional sheets if you require more space) | | | |
| *Schools attended….* | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Examinations Taken**  (state GCSE, RSA etc) | **Subjects** | | | | **Grades** |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
| **Scholarships, School Honours, Posts etc** | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Section 4 – Further or Higher Education (Full Time or Part Time)**  (Please attach additional sheets if you require more space. Please provide us with as much detailed information as possible.) | | | | | |
| **Name of College, University**  **etc & course taken** | **Full Time or Part Time** | **Subjects Studied** | **Course Detail** | **Passes/Grades** | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |

|  |  |
| --- | --- |
| **Section 5 – Other Qualifications and Memberships of Professional Bodies** | |
| **Academic, technical or professional qualifications (give dates and indicate subject and grade or class where necessary)** | **College, professional body etc, by whom granted** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Section 6 – Health** | |
| Do you have any illness, injury, medical condition or disability that we should be aware of in order to  make reasonable adjustments to assist you with our recruitment process? If so please provide details below. | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| Do you have any illness, injury, medical condition or disability that may affect your ability to perform any of the  essential functions of the role as outlined in the Job Description provided. If so, please provide details below. | |
|  | |
|  | |
|  | |
|  | |
|  | |
| Are you currently on any medication or undergoing treatment of any kind that may impair your ability to perform any  of the essential functions of the role as outlined in the Job Description provided. If so, please provide details below. | |
|  | |
|  | |
|  | |
|  | |
|  | |
| Do you currently take any drugs that may impair your ability to perform any of the essential  functions outlined in the Job Description provided? If so, please provide details below. | |
|  | |
|  | |
|  | |
|  | |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 7 – General Interests (please attach additional sheets if you require more space)** | | | | | |
| Indicate, briefly, any particular interests or leisure activities you have. (Please attach additional sheets if you require more space.) | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Section 8 – Additional Information** | | | | | |
| Indicate here any experience/achievement you believe is relevant to the position applied for (please attach additional sheets if you require more space). | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Declaration** | | | | | |
| *The facts stated in my application for employment are to the best of my knowledge, true and complete.* | | | | | |
| Signature: |  | | | Date: |  |
| For office use only: | | Application Received: | Interview Date/Time | | |
|  | |  |  | | |
| PWH 03/2020 | | | | | |