



APPLICATION
FOR
EMPLOYMENT

POSITION APPLIED FOR :

Other Positions you would consider:

DATE OF APPLICATION:

CURRENT EMPLOYMENT STATUS (CIRCLE) : EMPLOYED/UNEMPLOYED/STUDENT

ARE YOU LOOKING FOR FULL OR PART TIME WORK? FULL TIME/PART TIME

IF PART TIME, PLEASE STATE HOURS OF AVAILABILITY. _____

IF THIS FORM IS SUBMITTED AT A TIME WHEN THERE ARE NO STAFF VACANCIES IT SHALL BE KEPT
ON FILE AND WE WILL CONTACT YOU WHEN A SUITABLE VACANCY ARISES.

COMPLETING THIS FORM

- YOU SHOULD COMPLETE ALL SECTIONS CLEARLY IN BLOCK CAPITALS.
- INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED.

OFFICE USE ONLY

REJECT

KEEP ON FILE

INTERVIEW DATE: _____

OUTCOME OF INTERVIEW:

START DATE:

PERSONAL INFORMATION

SURNAME _____ FIRST NAMES _____

ADDRESS _____
_____ POSTCODE _____

NATIONALITY _____ DATE OF BIRTH _____

MOBILE NO. _____ LANDLINE: _____

IS ENGLISH YOUR FIRST LANGUAGE? _____

IF NOT ARE YOU A FLUENT SPEAKER OF ENGLISH? _____

DO YOU HAVE A FULL VALID DRIVING LICENSE? YES NO

ARE YOU REQUIRED BY LAW TO HAVE A WORK PERMIT? _____

WHAT SKILLS OR ABILITIES DO YOU HAVE THAT WILL BE RELEVANT TO THIS JOB?

WHAT HOBBIES AND INTERESTS DO YOU HAVE OUTSIDE WORK?

DO YOU HOLD A VALID DISCLOSURE/PVG? _____

DO YOU HOLD A VALID PERSONAL LICENSE? _____

ARE YOU A QUALIFIED FIRST AIDER? _____

EDUCATION

SCHOOL/COLLEGE/UNI	FROM	TO	QUALIFICATION GAINED

OTHER RELEVANT QUALIFICATIONS, COURSES OR AWARDS.

DATE	DETAILS

STUDENTS DATE YOU EXPECT TO FINISH YOUR COURSE

AVAILABILITY

DATE AVAILABLE TO START PERIOD OF NOTICE

THE CENTRE IS CLOSED ON CHRISTMAS DAY, BOXING DAY & THE 1ST AND 2ND OF JANUARY, WE ARE OPEN EVERY OTHER DAY OF THE YEAR. ARE THERE ANY TIMES YOU WOULD BE UNAVAILABLE TO WORK?

DO YOU HAVE ANY HOLIDAYS BOOKED IN THE NEXT 3 MONTHS? _____

EMPLOYMENT HISTORY

PLEASE PROVIDE DETAILS OF YOUR EMPLOYMENT HISTORY.

NAME AND ADDRESS OF EMPLOYER	FROM	TO	JOB TITLE AND DUTIES	REASON FOR LEAVING

WE MAY CONTACT YOUR PREVIOUS EMPLOYERS IF YOU ARE BEING CONSIDERED FOR AN INTERVIEW, HOWEVER WE SHALL NOT CONTACT YOUR CURRENT EMPLOYER WITHOUT YOUR CONSENT.

REFERENCES

PLEASE SUPPLY THE DETAILS OF **TWO** REFEREES. PLEASE NOTE THAT ONE OF THESE SHOULD BE A CHARACTER REFERENCE AND NEITHER ONE CAN BE A FAMILY MEMBER.

WORK REFERENCE	CHARACTER REFERENCE

GENERAL

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCES THAT ARE NOT YET SPENT? _____

IF YES PLEASE GIVE DETAILS BELOW. (DO NOT INCLUDE PARKING FINES OR SPEEDING OFFENCES)

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ANY ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION.

EMERGENCY CONTACT DETAILS

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE NUMBER. _____

HEALTH

DO YOU HAVE ANY HEALTH ISSUES THAT MAY AFFECT YOUR ABILITY TO DO THIS JOB? _____

ARE YOU CURRENTLY RECEIVING MEDICAL TREATMENT OR TAKING ANY MEDICATION THAT MAY AFFECT YOUR ABILITY TO DO THIS JOB? _____

HAVE YOU EVER BEEN REFUSED EMPLOYMENT ON MEDICAL GROUNDS? _____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE FILL IN DETAILS BELOW.

NAME AND ADDRESS OF YOUR DOCTOR

I CONFIRM THAT I WILL BE ABLE TO PRODUCE DOCUMENTATION PRIOR TO EMPLOYMENT COMMENCING.

P45

NI NUMBER

DECLARATION

I can confirm that the information given on this form is correct and true and has no deliberate omission. I understand that any false statement or suppression of material may result in the cancellation of any appointment that is made.

I agree to references being collected in support of my application and agree to undergo any medical examination if asked to do so.

SIGNED: _____

DATE: _____