



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

Surname: Forename(s): Title:

Address:

Post Code: Telephone No.: Email Address:

National Insurance Number:

Do you currently have right to work in the UK? Yes No

If you have limited right to work, or do not currently have right to work in the UK, please provide details:

EDUCATION HISTORY:

Schools/Colleges/University

Qualifications Gained:

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary):

From – To	Name & Address of Employer	Job Title	Duties	Rate of Pay	Reason for Leaving

Notice required in current post:

OTHER EMPLOYMENT:

Please note any other employment you would continue with if you were to be successful in obtaining this position

ADVERTISING:

Please could you let us know where you first saw this role advertised

REFERENCES:

Please note here the **names, addresses, email addresses and telephone numbers** of two persons from whom we may obtain **employment** references. One must be from your most recent employer.

Referee 1:

Name:	
Occupation:	
Company Name Address and Postcode:	
Work Email Address:	
Telephone No:	
Capacity in which known:	

Referee 2:

Name:	
Occupation:	
Company Name Address and Postcode:	
Work Email Address:	
Telephone No:	
Capacity in which known:	

CRIMINAL RECORD:

Please state any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state this. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

DECLARATION (Please read this carefully before signing this application):

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter. In addition, I agree that this information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: _____

Date: _____