

APPLICATION FORM

Position applied for:

Ref. No.:

Date:



Name: (in block letters)

Surname:

Forename(s): Mr/Mrs/Miss/Ms:

Telephone Numbers: Home: Work:

Mobile:.....

Address: Postcode:

..... Email Address:.....

Date of Birth: National Insurance Number:

Do you have a current driving licence? Provisional Full HGV No

Have you had any driving convictions? (Including Penalty Points) Yes/No

Please give details:.....

Do you need a work permit to work in the UK and Ireland Yes/No

If yes, do you have one? Yes/No

Particulars of Education after 11 years of age

Type of School, College of Further Education or University (PLEASE DO NOT STATE NAME OF ORGANISATION)	Date of Attendance

Please complete all sections of the application form where applicable as omission may result in your application not being included in the short listing process.

Should you be successful you will be required to produce official original proof of any qualifications which you rely on to support your application.

Particulars of Qualifications obtained – (GCSE, GCE, CSE, GNVQ, HND, Degree, etc)

Year	Examining Body	Level of Qualifications Obtained	Subject	Mark or Grade

Please describe your level of experience in using computers, giving examples of programs and packages used:

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Particulars of Professional Qualifications obtained:

Title of Qualifications	Date of Award

Membership of Professional Bodies:

Title of Professional Body	Date of Registration and Number

Education or Professional Studies in Progress:

Nature of Studies	Date of Completion

Details of present employment and position held:

Name and Address of Present Employer (if any)	Date Employment Commenced	Position	Salary on Commencement and Current <i>(Including Bonuses and Incentives)</i>

Details of previous employment and position held:

Name and Address of Previous Employer (if any)	Commencing and Finishing Dates	Position	Salary on Commencement and Current <i>(Including Bonuses and Incentives)</i>

Continue on a separate page if needed

Experience – Please outline below how you feel you meet the criteria for this job
(Please use additional sheets if necessary)

Additional skills

Give details of training which may have relevance to this position

Please outline any personal qualities and achievements, which you feel may support your application (positions or responsibilities held, awards, etc.)

Please give details of any convictions for criminal offences which are not regarded as “spent” convictions under the Rehabilitation of Offenders (NI) Order 1978. (Include nature of offences and sentence.)

Notice required to terminate present position _____

REFEREES

One of the referees must be your current or most recent Employer (if any) and both should be able to comment on the applicant’s ability to carry out the particular tasks of the job.

Current or Most Recent Employer (if any) (Include Name, Position Held, Full Postal Address and contact telephone numbers if available)	
1. Name: _____ Position Held: _____ Address: _____ _____ Contact No: _____	2. Name: _____ Position Held: _____ Address: _____ _____ Contact No: _____

Reference to your current employer

Have you given your current employer as a referee? Yes No
If ‘yes’ may they be contacted before interview? Yes No

Employment:

If offered this position will you continue to work in any other capacity? Yes No

Give Details:

Medical Questionnaire

Please complete the questionnaire below.

A. Have you ever:	No	Yes	Please give details
1. Had an operation?			
2. Been seriously injured?			
3. Received in-patient treatment for a physical or mental condition?			
4. Been refused a driver's licence because of ill health			

B. Do you suffer from or have you ever had:			
Diabetes	Yes/No	Epilepsy/fits	Yes/No
High blood pressure	Yes/No	Skin rashes/eczema	Yes/No
Asthma	Yes/No	Headaches (frequent)	Yes/No
Rheumatic fever	Yes/No	Heart trouble	Yes/No
Arthritis	Yes/No	Chest trouble	Yes/No
Fainting or dizziness	Yes/No	Back trouble	Yes/No
Nerve trouble	Yes/No		
Do you take medicine regularly?	Yes/No	Have you ever had a head injury?	Yes/No
Do you need glasses to read?	Yes/No	Do you suffer from any other ailments?	Yes/No

Please give details of any serious illness, operation or disability or of any recurrent illness of a minor nature.

Please note that if you are selected for the post you may be required to complete a Health Declaration Form and may have to attend a medical examination.

I certify that all the information I have completed is correct and understand that any false or misleading information, if proved, may result in no further action being taken on this Application, or, if appointed, dismissal from the company.

Signed:

Date: