**APPLICATION FOR EMPLOYMENT FORM (version 1)**



NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KINDLY COMPLETE SECTIONS: A to I - \*\*PLEASE PRINT CLEARLY\*\*

**Section A – General Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Mr. |  | Surname: |  |
| Mrs. |  |  |  |
| Ms. |  | Forename(s): |  |
| Miss. |  |  |  |
| Other. |  | Please give details: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  |  |  |
|  |  | Home Tel: |  |
|  |  |  |  |
|  |  | Mobile Tel: |  |
|  |  |  |  |
| Post Code: |  | Business Tel: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you own your home? | Yes |  |  | No |  | D.O.B: |  |
|  |  |  |  |  |  |  |  |
| Do you rent your home? | Yes |  |  | No |  | Age: |  |
|  |  |  |  |  |  |  |  |
| Do you live with relatives? | Yes |  |  | No |  | Nationality: |  |
|  |  |  |  |  |  |  |  |
| Are you Eligible to work in the UK? | Yes |  |  | No |  | Marital Status: |  |
|  |  |  |  |  |  |  |  |
| Do you have a Current Driving License? | Yes |  |  | No |  | Date of Marriage: |  |
|  |  |  |  |  |  |  |  |
| Number of dependants: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Number of children , their sex and ages: | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Details of any driving endorsements (points): | |  |  |  |  |  |  |

|  |
| --- |
| Leisure: *Please note any sport, hobbies, pastimes etc.* |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B – Education and Qualifications**

Please list 2 most recent Schools/Colleges or Universities attended;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names** |  | **Date from** |  | **Date to** |
|  |  |  |  |  |
|  |  |  |  |  |

Please list all qualifications gained below;

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subject** |  | **Qualification** |  | **Date Gained** |  | **Mark Gained** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section C – Employment History (please commence with most recent employer)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date From** | **Date To** | **Name & Address of Employer** | **Job Title & Duties** | **Leaving Salary** | **Reason for Leaving** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Current Notice Period Required: ………………………………………………………………………….

Position applied for: ………………………………… Pay expected £…………………. Per annum

On what date would you be available for work? ……………………………………………………………

If offer this position, will you continue to work in any other capacity? ……………………………………

Would you be willing to work? FULL TIME ONLY / PART TIME ONLY / EITHER *PLEASE CIRCLE ONE*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section D – Health Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a mental or physical disability | Yes |  | No |  |

If Yes please give details below

………………………………………………………………………………………………………………..

What adjustments (if any) need to be made to the working environment to accommodate your disability?

………………………………………………………………………………………………………………..

Please give details of all absences from work during the last 12 months

………………………………………………………………………………………………………………..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section E – Criminal Record**

Please note any criminal convictions except those spent under the Rehabilitation of Offenders act 1974. If none please state:

………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………..

**Section F – General Comments**

Please use the space below to highlight the principal reason for your application and any mayor achievements to date and the strengths you would bring to this post.

|  |
| --- |
| *Reason for Application:* |
| *Please highlight any major personal or work based achievements:* |
| *Please list 5 strengths you feel you would bring to this post:* |
| *Please add any additional information to support your application:* |
|  |

**Section G – Reference**

Please list the names and addresses of two former employers; we may obtain a work experience reference from. (If this would be your first fulltime job please list two character references – not relatives)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| I have given | EMPLOYMENT REFERENCES | or | CHARACTER REFERENCES (PLEASE CIRCLE ONE) | |
|  |  |  |  |  |
| Name : |  |  | Name : |  |
|  |  |  |  |  |
| Title : |  |  | Title : |  |
|  |  |  |  |  |
| Address: |  |  | Address: |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Telephone No.: |  |  | Telephone No.: |  |

**Section H – Data Protection Notification (Please read carefully before signing this application)**

The information you have provided in completing this application will be used to process your application for employment. The company will keep the information you have supplied confidential and will not divulge it to third parties, except where required by law, or where we have retained the services of a third party representative to act on your/our behalf.

AUTHORISATION: I have read the Data Protection Notification and understand and agree to the use of my personal data in accordance with the Data Protection Act 1998.

Signature: …………………………………………………..…. Date: …………………………………

**Section I – Declaration**

I declare that all the above information given on this form is correct and that any false information will give my employer the right to terminate any contract offered.

Signature: …………………………………………………..…. Date: …………………………………

-----------------------------------------------**FOR OFFICE USE ONLY**----------------------------------------------

**Section J – Interviews Tick List**

1. Explain company background, current trading status and employee numbers.
2. Highlight benefits i.e. pension scheme entitlement and annual wage review.
3. Clarify main function and tasks, responsibilities and line of reporting for the position.
4. Explain remuneration amount and that this is payable monthly in arrears on the last working day of each month.
5. They will be entitled to 22 days holiday per annum. However, for the current year their holiday entitlement will be on a pro rata basis, based on completed month’s in the year.
6. Outline hours of work and state there is a 3 month probation period.
7. Inform the interviewee when you will be making your decision and when they may expect to hear from you.

**Section J – Interview Rating & Comments**

|  |  |  |
| --- | --- | --- |
| **CHARACTERISTIC** | **RATING 1-5 (LOW/HIGH)** | **COMMENTS** |
| APPEARANCE / DISPOSITION | 1 2 3 4 5 |  |
| PRESENTATION SKILLS / PERSONALITY | 1 2 3 4 5 |  |
| EDUCATION, QUALIFICATIONS & TRAINING | 1 2 3 4 5 |  |
| SKILLS / EXPERIENCE | 1 2 3 4 5 |  |
| SPECIAL CIRCUMSTANCES | 1 2 3 4 5 |  |
| TOTAL SCORE : | |  |

(Please delete sections which are inappropriate)

Expected Agency fee(s) if applicable Do you feel they are a suitable candidate?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |

Name of Agency if applicable Name of interviewer

|  |  |  |
| --- | --- | --- |
|  |  |  |