Job Application Form

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| Title of post applied for: |  |

Please write clearly in black ink or type.

### Confidential

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| **1. PERSONAL DETAILS** (BLOCK CAPITALS PLEASE)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Surname: | |  | | | First Names (Preferred Name): |  | | Former surnames if different: | |  | | | Title: |  | | Address: | | | | | Tel No (home): |  | | Tel No (business): |  | |  | | | | | Tel No (mobile): |  | |  | | | Postcode: | | Fax No: |  | | E-Mail address: | | |  | | Nat. Insurance No: |  | | Nationality: |  | | | If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit. | | | | Do you need a work permit to be employed in the UK? | | | Yes  No | If you already have a work permit, when does it expire?  (Please note that your current work permit may not be valid for this post.) | | | | Where did you learn of the post? | | | |  | | | |

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| **2. EDUCATION AND PROFESSIONAL QUALIFICATIONS**  (Original documents as proof of qualification will be required at interview.)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Secondary School / College / University | Dates | | Qualification | Level (if appropriate) | | From | To | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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| **Relevant Training Courses with dates:** |

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| **3. PRESENT POST**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Title of Post: |  | | | Salary and Grade: | |  | | Name of Employer: |  | | | Business of Employer: | |  | | Address: | | | | Date Commenced: | |  | | Date Ended (if applicable): | |  | |  | | | |  | |  | |  | | Postcode: | |  | |  | | Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable): | | | | | | | | Reason for leaving or wishing to leave: | | |  | | | | | Period of notice required to terminate present employment: | | | | |  | | | Please notify us of any dates you are not available for interview: | | | | | | | |

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| **4. PREVIOUS EMPLOYMENT**  (Please use continuation sheet if necessary.)   |  |  |  |  | | --- | --- | --- | --- | | Name and Address of Employers | Position held including dates | Reason for leaving | Final grade and salary | | |  |  |  |  | | Description of duties: | | | | |  | | | | | Name and Address of Employers | Position held including dates | Reason for leaving | Final grade and salary | | Description of duties: | | | | |  | | | | | Name and Address of Employers | Position held including dates | Reason for leaving | Final grade and salary | | Description of duties: | | | | |  | | | | | Name and Address of Employers | Position held including dates | Reason for leaving | Final grade and salary | | Description of duties: | | | | |  | | | | | Have you had any material gaps in your employment? If yes, please provide relevant details: | | | | |

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| **5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB** |
| **6. OTHER INFORMATION**   |  |  |  |  | | --- | --- | --- | --- | | What activities outside work interest you? (State any positions held you consider relevant.) | | | | | Do you hold a current driving licence? | Yes  No | Do you own a car? | Yes  No |  |  |  | | --- | --- | |  | | | Please state the number of paid absences you have had in the last 2 years: |  | | NB: Successful candidates will be required to complete a full medical questionnaire. | |  |  |  | | --- | --- | | The Equality Act 2010 | | | Do you consider yourself to be disabled under the Equality Act? | Yes  No | | If Yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job? | Yes  No | | If Yes, please provide further details: | | | If selected for interview, do you require any assistance/adaptations to help you attend? | Yes  No | | If Yes, what assistance/adaptations do you require? | |  |  |  | | --- | --- | | Rehabilitation of Offenders Act 1974 | | | Have you any convictions that are not spent under Rehabilitation of Offenders Act? | Yes  No | | If Yes, please provide further details: | | |

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| **7. REFERENCES**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Referee 1 | | | | Referee 2 | | | | | | Title (Mr, Mrs etc): |  | | | Title (Mr, Mrs etc): |  | | | | | Full Name: |  | | | Full Name: |  | | | | | Job Title: |  | | | Job Title: |  | | | | | Organisation: |  | | | Organisation: |  | | | | | Address: | | | | Address: | | | | | |  | | | |  | | | | | |  | |  | |  | |  | | | | Tel No: |  | | | Tel No: |  | | | | | E-mail address: |  | | | E-mail address: |  | | | | | Fax No: |  | | | Fax No: |  | | | | | Please state if we may obtain this reference prior to interview. | | | Yes  No | Please state if we may obtain this reference prior to interview. | | | Yes  No | |

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| **8. DECLARATION**   |  |  |  |  | | --- | --- | --- | --- | | I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. | | | | | Signature (electronic acceptable): |  | Date: |  | | Name: |  |  | | | The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment. | | | | |