



APPLICATION FORM 1 — CONFIDENTIAL APPLICATION FOR EMPLOYMENT

If you require, for the reason of a disability, for this form to be resent to you so that you can fill it in more easily, or for it to be submitted in a different format please contact the Administrator. Examples are a format in Braille, large print or submission via tape recording. This will in no way be detrimental to your application.

1. APPLICATION FOR	
Position applied for	<input type="text"/>
Available to take up employment (date)	<input type="text"/>
Wage/salary required	£ <input type="text"/> per wk/mth/annum

2. PREPARED TO WORK		
Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Shift work <input type="checkbox"/>

3. PERSONAL DETAILS			
First name	<input type="text"/>	Last name	<input type="text"/>
Address	<input type="text"/>		
Telephone numbers	Private <input type="text"/>	Work	<input type="text"/>
	Mobile <input type="text"/>	E-mail	<input type="text"/>
Do you own a car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have a current driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Provisional Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Yes <input type="checkbox"/> No <input type="checkbox"/>	HGV Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any current endorsements?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give details	<input type="text"/>		

4. HEALTH	
Are you in good health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any disabilities which may affect your application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe disabilities and	
a. any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job	
b. any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the job.	
<input type="text"/>	



5. LANGUAGES	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you read and speak English?	
Do you speak or read any other languages? (give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. SECONDARY EDUCATION			
School name/address	Dates		Examinations (subject/result, etc)
	From	To	

7. FURTHER EDUCATION AND TRAINING					
University/College	Dates		Type of course	Subjects	Qualification or class of degree
	From	To			

8. OCCUPATIONAL QUALIFICATIONS			
College/Institute or other name	Dates		Qualification/level
	From	To	

9. EMPLOYMENT			
Present/last employer			
Starting date		Leaving date	
Address			



Job title			
Duties/responsibilities			
Reason for leaving			
Finishing pay	£	per wk/mth/annum	
Other most recent employer			
Starting date		Leaving date	
Address			
Duties/responsibilities			
Reason for leaving			
Finishing pay	£	Per wk/mth/annum	
Other most recent employer			
Starting date		Leaving date	
Address			
Duties/responsibilities			
Reason for leaving			
Finishing pay	£	Per wk/mth/annum	

10. GENERAL

Interests/hobbies (Give details of pastimes, sports, etc)

Offices held in social/sports clubs, etc

Public duties (JP, local councillor, etc) undertaken

Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974) Yes No

Membership of professional organisation(s)

Published papers, articles, monographs, etc (give details including dates)



If offered this position will you continue to work in any other capacity? (Give details)

Yes No

11. WORK PERMITS

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK?

Yes No

If you are successful in your application would you require permission to work in the UK?

Yes No

12. COMMUNITY/VOLUNTEER EXPERIENCE

Name and address of organisation	Dates		Position/title	Duties
	From	To		

13. PERSONAL REFEREES

Work reference - not members of your own family

Name

Address

Organisation

Occupation

Telephone number

Work, personal or educational

Name

Address

Organisation

Occupation

Telephone number



14. EMERGENCY CONTACT DETAILS

If you wish to do so, please give details of next of kin or person who can be contacted in an emergency.

Name

Address

Relationship

Telephone numbers

Work

Private

15. ADDITIONAL PERSONAL DETAILS

Applicants are requested to tick the relevant boxes below to enable the organisation to monitor its equal opportunity policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.

White – British	<input type="checkbox"/>	Mixed – White and Black Caribbean	<input type="checkbox"/>	Asian/Asian British – Indian	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Mixed – White and Black African	<input type="checkbox"/>	Asian/Asian British – Pakistani	<input type="checkbox"/>
White – Other	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>	Asian/Asian British – Bangladeshi	<input type="checkbox"/>
		Mixed – Other	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>
Black/Black British – Caribbean			<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black/Black British – African			<input type="checkbox"/>	Other	<input type="checkbox"/>
Black/Black British – Other			<input type="checkbox"/>	Male	<input type="checkbox"/>
				Female	<input type="checkbox"/>

National Insurance number

16. RECRUITMENT POLICY

It is the organisation's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex, sexual orientation, religion or belief or marital status or disability.

I authorise the organisation to obtain references to support this application once an offer has been made and accepted and release the organisation and referees from any liability caused by giving and receiving information.

Declaration I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature

Date



17. FOR OFFICE USE ONLY

Starting date	<input type="text"/>
Job offered	<input type="text"/>
Pay	<input type="text"/>
Hours of work	<input type="text"/>
Department/supervisor	<input type="text"/>
Payroll number	<input type="text"/>
Recruitment source	<input type="text"/>
National Insurance number	<input type="text"/>
P45 or P46	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pension entry date	<input type="text"/>
Reference requested	<input type="text"/>
Birth certificate	<input type="text"/>
Proof of qualifications	<input type="text"/>
Evidence for DBS	<input type="text"/>

18. INTERVIEWER'S USE ONLY

	1	2	3	4	5
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other comments	<input type="text"/>				



Signature (1)	
Signature (2)	

