

Employment Application Form

Position Applied For : _____

The following information will be treated in the strictest confidence.

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name (s):	
Address:			
Contact Tel No:		Mobile Tel:	
Date of birth:		Next of kin:	
National Insurance No:		Address:	
Doctors contact details:			
		Contact Tel :	
Full Driving Licence:	Yes / No	Do you have a Bank account:	Yes / No
Endorsements :	Yes / No	Do you have a EU passport :	Yes / No
Are you involved in any activity which might limit your availability to work or your working hours e.g. local government ?			Yes / No
If Yes , please give details.			
Are you subject to any restrictions or covenants which might restrict your working activities ?			Yes / No
If Yes , please give details.			
Are you willing to work overtime and weekends if required ?			Yes / No
Please give details of any hours which you would not wish to work :			
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?			Yes / No
If Yes , please give details.			
If offered employment, you may be required to complete a Pre-Employment Medical questionnaire. Are you prepared to undergo a medical examination before employment ?			Yes / No
Have you ever worked for this business before?			Yes / No
If Yes , please give details.			
Have you applied for employment with this business before?			Yes / No
Do you need a work permit to take up employment in the U.K.?			Yes / No
How much notice are you required to give to your current employer?			

office use only.