

CONFIDENTIAL
APPLICATION FORM FOR EMPLOYMENT

Applying for post of: _____

SURNAME		FORENAME(S)		MR/MRS/ MISS/OTHER	
ADDRESS					
DATE OF BIRTH			TELEPHONE NO		
CURRENT DRIVING LICENCE			DETAILS OF ENDORSEMENTS		
EDUCATION HISTORY					
SCHOOLS/COLLEGES			QUALIFICATIONS GAINED		
EMPLOYMENT HISTORY					
FROM-TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES	RATE OF PAY	REASON FOR LEAVING	
REFERENCES Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.					
1.			2.		

LEISURE

Please note here any leisure interests, sports and hobbies, other pastimes etc.

CRIMINAL RECORD

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

HEALTH DETAILS

Are you registered disabled YES/NO
If YES, registration number:

Doctor's name and address

Please list any diseases, disorders or allergies from which you have suffered or do suffer.

Are you afraid of heights or confined spaces? YES/NO Please give details.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

DECLARATION (Please read this carefully before signing this application.)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I hereby give my authority for the organisation to contact my own doctor for any further details of my state of health.
3. I agree that the organisation reserves the right to require me to undergo a medical examination.

Signed:

Dated:

FOR OFFICE USE ONLY

INTERVIEW DATE:

OFFER LETTER: YES/NO

REJECTION LETTER:
YES/NO

ACCEPTANCE: YES/NO

REFERENCES: YES/NO

MEDICAL: YES/NO

PASS TO ADMIN:

DEAD FILE/NEW FILE