



APPLICATION FOR EMPLOYMENT

1. Application For

Position:..... Full Time: Part Time:..... Min no. of hours req'd

Date you are available to start:..... Have you done this kind of work before:Yes/No

If Yes, please give brief details:.....

2. Personal Details

Surname:.....Forenames:.....

Address:.....

.....Post Code:.....

Date of Birth:.....Marital Status:.....

Te No. (Home):.....(Work):.....(Mobile):.....

3. Education:

Schools Attended:

.....Approx Dates: From.....To.....

.....Approx Dates: From.....To.....

Examinations Gained: Subjects/Results.....

Further Education/Training:

.....Approx Dates: From.....To.....

Examinations Gained: Subjects/Results:.....

(Please continue on a separate sheet if necessary.)

4. Employment History:

Present/Last Employer:

.....Approx Dates: From.....To.....

Address:

Main Duties:.....

Reason for Leaving:.....Pay at time of Leaving:.....

Next most recent Employer:

.....Approx Dates: From.....To.....

Address:

Main Duties:.....

Reason for Leaving:.....Pay at time of Leaving:.....

Next most recent Employer:

.....Approx Dates: From.....To.....

Address:

Main Duties:.....

Reason for Leaving:.....Pay at time of Leaving:.....



5. Related Qualifications:

Course/Badge Type:.....Badge No:.....Expires:.....

Course/Badge Type:.....Badge No:.....Expires:.....

Have you ever had a related qualification, badge or license refused or revoked: Yes / No

6. Have you ever been convicted of a criminal offence? Yes/No

(Declaration subject to the Rehabilitation of Offenders Act):

If Yes, please give details:.....

7. Do you need a permit to work in the UK? Yes/No

If Yes, please confirm expiry

date:.....

8. If offered this position, do you intend to continue working in any other capacity? Yes/No

If Yes, please give

details:.....

9. Are you in good health? Yes/No

If No, please give

details:.....

10. Please give details of the person who should be contacted in an emergency

Name:..... Tel:.....

11. References (One must be your present/last employer)

Surname:.....Forenames:

Address:

.....

Occupation:..... Tel No:.....

Surname:.....Forenames:

Address:

.....

Occupation:..... Tel No:.....



12. Declaration – Security Check Authorisation

I hereby certify that I have personally completed this application form and understand that if I am offered any employment, any misleading or false statements on this form, may be considered cause for termination of my employment.

I understand that my signature on this form gives the Company permission to obtain references to support this application.

Signature:.....

Name in Block Capitals:.....

Date:..... National Insurance No:.....

Other Documentation required with this application form is:

- 1. 2 Passport Sized Photos
- 2. Copy of Passport and Driving Licence.
- 3. Copy of any SAI Badges held.
- 4. Copy of any utility bill or bank statement as proof of address
- 5. Completed Bank Details Form (Appendix 1)
- 6. Completed Medical Questionnaire (Appendix 2)

Appendix 1 – Bank Details Form

Surname:.....**Forenames:**.....

Name of Bank:.....

Bank Address:.....
.....

Account No:.....

Sort Code:.....



Appendix 2 – Medical Questionnaire

Surname:.....Forenames:.....

Past Medical History

ARE YOU AT PRESENT OR PREVIOUSLY SUFFERED FROM:-

	Yes	No		Yes	No
Any Operations?			Disorders of sight?		
Diabetes?			Do you wear glasses?		
Any kind of skin Complaint?			Disorders of Hearing?		
Blackouts, Epileptic fits etc.?			Arthritis or associated complaints?		
Heart Complaint?			Any serious illness or condition not mentioned before?		
Mental or Nervous Breakdown?			Are you receiving any medical treatment at the present time?		
Asthma or Bronchitis?			Are you a Smoker?		
Kidney or Bladder Ailments					
Jaundice?					
Anaemia?					

If you answered 'YES' to any of the above questions please give details below:-

.....

Have you any physical disability? Yes/No
 If 'YES', what nature?.....
 Are you registered disabled? Yes/No
 If Yes, please state registration No:..... Date of Expiry:.....

Doctor's Name:.....
 Address of Doctor.....
 Doctor's Tel. No:.....

Signature:.....

Name in Block Capitals:.....

Date:.....