

# EMPLOYMENT APPLICATION FORM

- PLEASE
- complete this form clearly, in block capitals, filling in your name at the top of each sheet, and sign the declarations at the end
  - continue answers on separate sheets if there is not enough space
  - you may provide a CV, if you wish, but **this form must still be completed** as well

POSITION APPLIED FOR:

## 1. PERSONAL DETAILS

Surname: ..... First Names: .....  
(underline the one normally used)

Previous or other surnames used.....

Title (Mr/Mrs/Miss etc) .....

Home Address:

Correspondence Address (if different):

.....

.....

.....

.....

.....

.....

Daytime Telephone No: ..... Evening Telephone No: .....

Mobile Telephone: ..... Email Address: .....

Date of Birth: .....

National Insurance No: .....

Do you hold a current, clean UK driving licence: Yes/No\*

If no, please give details: .....

.....

DO YOU REQUIRE A WORK PERMIT TO WORK IN THIS COUNTRY: Yes/No\*

If Yes, please give details: \* delete as appropriate

Surname:	First Name(s):	Job ID: (Office use only)
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## 2. EDUCATION, ACADEMIC AND PROFESSIONAL QUALIFICATIONS

School/College/University:	From (month/year)	To (month/year)	Subject, Qualifications, Grades

## 3. PRESENT APPOINTMENT (or most recent):

Post Held:

Organisation:

Address:

Date Appointed:

Salary:

Notice Required:

Consent to contact place of employment:

Yes ☐

No ☐

Key Responsibilities

Surname:	First Name(s):	Job ID: (Office use only)
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4. **PREVIOUS APPOINTMENTS** (please start with most recent and continue on second sheet if necessary. Please provide all history including any gaps in employment.)

Nature of Occupation	Employer	Period of Service (month and year) From                      To		Reason for leaving

5. **TRAINING:** Please give details of training courses relevant to this application

Course Title	Provider	Duration	Dates	Awards (if any)

Surname:	First Name(s):	Job ID: (Office use only)
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**6. INTERESTS - Give details of activities, interests and hobbies**

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**7. OTHER BACKGROUND INFORMATION (optional)**

Please give any other information you believe to be relevant to this application:

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Surname:	First Name(s):	Job ID: (Office use only)
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8c) Should we be aware of any adjustments which might need to be made in advance of the interview process?

YES ☐

NO ☐

Do you consider that you are able to carry out all the duties described in the job description (after any reasonable adjustments have been made)?

YES ☐

NO ☐

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8d) I declare that the information I have given on this form is correct and I understand that failure to complete the form fully and accurately could result in an incorrect assessment of salary and/or exclusion from short-listing or may, in the event of employment, result in disciplinary action or dismissal.

Signed: ..... Date: .....

Surname:	First Name(s):	Job ID: (Office use only)
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## 9. REFERENCES

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N.B. References will only be sought for short listed candidates.

May we approach your referees prior to interview without further reference to you? YES/NO

The first reference should be your present or most recent employer.  
Your referees should not be either a friend or a relative, unless writing in another capacity (eg employer).

(i)	(ii)
Name:	Name:
Position:	Position:
Address:	Address:
Telephone No:	Telephone No:
Email Address:	Email Address:
In what capacity do you know the above?	In what capacity do you know the above?
If you were known to either of your referees by another name, please give details:	

Surname:	First Name(s):	Job ID: (Office use only)
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## 10. EQUAL OPPORTUNITIES MONITORING

We aim to create the conditions in which all applicants and employees are treated solely on the basis of their merits, abilities and potential regardless of gender, colour, ethnic or national origin, age, socio-economic background, disability, religion, family circumstance, sexual orientation or other irrelevant distinction.

In order to carry out our equal opportunities policy, we must have some means of monitoring our recruitment and selection. Only by such measures will we be able to recognise potential sources of discrimination and take remedial action. The monitoring form will be separated from the application form and securely stored in the strictest confidence. It will be used for statistical monitoring only.

Please tick box as appropriate:

Sex:	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	
Marital Status:	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	
Age:	Below 26	<input type="checkbox"/>	26 - 35	<input type="checkbox"/>	
	36 - 55	<input type="checkbox"/>	56 - 65	<input type="checkbox"/>	
	Over 65	<input type="checkbox"/>			
How would you describe your ethnic origin?					
White:	<input type="checkbox"/>	European:	<input type="checkbox"/>	African:	<input type="checkbox"/>
Black:	<input type="checkbox"/>	Caribbean:	<input type="checkbox"/>	Chinese:	<input type="checkbox"/>
Asian:	<input type="checkbox"/>	Indian:	<input type="checkbox"/>	Pakistani:	<input type="checkbox"/>
Bangladeshi:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Please specify:	
Do you have any disability as described within the terms of the Disability Discrimination Act 1995		Yes <input type="checkbox"/> No <input type="checkbox"/>			