

Confidential Application For Employment

Personal Details

Title: Mr / Mrs / Miss / Other <i>(Please specify)</i> :	
Surname:	Maiden/Previous Names:
Forename(s):	Gender: Male/Female
Date of Birth:	Place of Birth:
Nationality:	First Language:
Marital Status: Single / Married / Divorced / Widowed / Other:	
N.I. Number:	

Contact Details

Address:	
	Postcode:
Home Telephone Number:	Work Telephone Number:
Mobile Number:	Email:

Other Details

Languages Spoken: <i>(Please give details)</i> :	Spoken:			Written:			
	<i>Fair</i>	<i>Good</i>	<i>V. Good</i>	<i>Fair</i>	<i>Good</i>	<i>V. Good</i>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you hold a current Driving Licence?							
How many days have you had off sick / absent in the past year?							
Current notice period:		Expected Salary:					
Do you hold a current First Aid Certificate?							
Are you registered disabled?		If yes, what is your registration number?					
Have you ever been convicted of a criminal offence or have any outstanding charges?						Yes <input type="checkbox"/>	No <input type="checkbox"/>

Interests

Please list your spare time interests & hobbies:

Employment History (current employer first)

Name & Address of Employer	From	To	Finishing Salary	Reason for Leaving
Position:				

Name & Address of Employer	From	To	Finishing Salary	Reason for Leaving
Position:				

Name & Address of Employer	From	To	Finishing Salary	Reason for Leaving
Position:				

Name & Address of Employer	From	To	Finishing Salary	Reason for Leaving
Position:				

Education

Secondary School	From	To	Subjects	Grades Gained

College / University	From	To	Courses	Qualifications

Special Qualifications & Courses

Computer Skills:
Other Skills:

References

	Referee 1	Referee 2	Referee 3
Name:			
Position:			
Company:			
Address:			
Telephone:			

Confidential Medical Questionnaire

1. Are you currently receiving treatment for any long-standing medical condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details:		
2. Have you suffered from an accident or illness which has, or may have, a lasting effect on your health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever suffered a nervous breakdown or any mental illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Any other details relevant to your application

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I agree that you may approach any of my previous employers to obtain references to support this application. I understand that you will not contact my current employer without my permission until a job offer is made and accepted. I confirm that the information given on this form is correct and that any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signed: _____	Date: _____
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