

# Application for employment

Position applied for:		Are you able to work extra hours? Yes: _____ No: _____							
Date		Nationality							
(Title) Mr or Mrs	(First Name)	(Surname)	(Middle Name)						
N.I. Number:		Date of birth:							
Present address: _____ _____ _____									
Post code _____									
Telephone number:		Mobile:							
Do you drive: Yes _____ No _____		Do you have a car: Yes _____ No _____							
Bank Details									
Account name _____									
Account number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100%;"><tr><td style="width: 20%; height: 20px;"></td><td style="width: 20%; height: 20px;"></td><td style="width: 20%; height: 20px;"></td><td style="width: 20%; height: 20px;"></td><td style="width: 20%; height: 20px;"></td><td style="width: 20%; height: 20px;"></td></tr></table>									
Sort Code: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100%;"><tr><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td></tr></table>									

## References

Reference must be from your last two employers. Offers of employment will only be confirmed on receipt of satisfactory reference covering a minimum of your last twelve months employment

Contact name and address.	Contact name and address.

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Telephone Number:	Telephone Number:
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## Work History

A MINIMUM OF THE LAST FIVE YEARS OF YOUR HISTORY MUST BE INCULDED  
CONTINUATION SHEET AVAILABLE IF NECESSARY.

Name of Present or last employer:		Address:	
Starting date	Leaving date		
Job Title:		Reason for Leaving:	
Brief description of duties & responsibilities			

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## HEALTH

Are you disabled?

Yes:  No:

If yes, please give details and specify any special needs in relation to your disability.

Please list any diseases, disorders, allergies muscular or skeletal injuries from which you have or do suffer.

Number of days off in the last 12 months (not including holidays)

1 to 5 Days	<input type="checkbox"/>	Reasons	.....
6 to 10 Days	<input type="checkbox"/>	Reasons	.....
11 to 15 Days	<input type="checkbox"/>	Reasons	.....
Over 15 Days	<input type="checkbox"/>	Reasons	.....

Please give details any from of medicine, drugs or treatment you are currently and/or regularly receiving.

Next of kin (1)  
Relationship to you

Name & address

Telephone number:

Next of kin (2)  
Relationship to you

Name & address

Telephone number:

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## Declaration

### Please read this carefully before signing this application

I verify that the information I have provided on this application is true and accurate and that I am legitimately seeking employment with this company. I understand that any omission of information requested or false or misleading information, which I furnish in connection with this application for employment, may result in the rejection of my application or termination of my employment.

Should we require further information in relation to your health and wish to contract your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor.

I agree that the organisation reserves the right to require me to undergo a medical examination.

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Applicant's signature

Date