

Application Form

PRIVATE & CONFIDENTIAL

Applications are invited from women & men from all sections of the community irrespective of their marital status, disability, race, nationality, ethnic, national origins, or religion who have the necessary attributes to carry out the job.

Post applied for:

Full name:

Address:

Postcode:

Tel no:

Date of birth:

Do you have a full driving license?

yes

Please enter details of any endorsements?

If offered a position, how would you get to work?

Drive

EDUCATION

Please give details of the educational qualifications you have achieved with dates.

Please give details of relevant courses you have attended with dates?

WORK HISTORY

Name & address of employer	from	to	Brief details of duties	Reason for leaving
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FURTHER INFORMATION (continue on another sheet if necessary)

Notice Required in Current Post: 4 weeks Earliest Date Available: 9th December

Please indicate your reasons for applying for the post. You are also invited to give here any additional information which you wish to have taken into account in support of your application, and to list hobbies, spare time activities, interests, memberships of voluntary organizations etc.

HOURS AVAILABLE TO WORK: All Any Holidays Booked ? : No	
NO SMOKING POLICY Non Smoker: Yes/ Occasional Smoker: No Smoker: No Our strict No Smoking Policy is absolute and applies at all times within 30metres of the premises. If you do smoke then you should be prepared to go the whole working shift without smoking.	
CRIMINAL RECORDS BUREAU & POLICE RECORD CHECKS Since all positions with this company involve working directly or in frequent contact with young children you should be prepared to go through the necessary background checks to determine your eligibility.	
CRIMINAL RECORD The job you are applying for involves substantial opportunity for access to children. It is therefore exempt from the Rehabilitation of Offenders Act 1974 (exemption) order 1975. You are therefore REQUIRED TO DECLARE any conviction or pending prosecutions you may have even if they would otherwise be regarded as “spent” under this Act and <u>any cautions or bind overs</u> .	
REFERENCES Please give names, addresses and telephone numbers of two referees one of whom should be your present/most recent employer. References will be taken up after the interview.	
Are you registered disabled? NO If Yes Registration number :	
Please list any diseases, disorders or allergies from which you have suffered or do suffer:	
Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving:	
Please list all absences from work in the last 12 months and the reasons for such absences:	

DECLARATION

1. I acknowledge that an appointment if offered will be subject to satisfactory medical and CRB clearance. Currently I am in good health and, apart from the medical conditions declared above, do not suffer from any condition which may have an impact on my ability to carry out the duties of this position. (If you are in any doubt about this please discuss it with the manager before completing this form).
2. I declare that that I have not been convicted of any criminal offence spent or otherwise (the post is exempt from the provisions of the Rehabilitation of Offenders Act) unless noted above.
3. I declare that that my partner/spouse or anyone who you live with has not been convicted of any criminal offence spent or otherwise (the post is exempt from the provisions of the Rehabilitation of Offenders Act)
4. I declare that the information given on this form is correct and understand that on appointment any misleading statements or deliberate omissions will give my employer the grounds for disciplinary action and/or give my employer the right to terminate any employment contract offered.

Signature

FOR PERSONNEL / SHORTLISTING COMMITTEE USE ONLY

Application Form Date Sent:	Date received:	Days Elapsed:
1 st Interview Date:	2 nd Interview Date:	

Shortlist / Decline with reason	
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Interview Notes	
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Decision with reason:	
Actions Offer Letter Y/N References Y/N Acceptance Y/N Medical Y/N Rejection Letter Y/N	