

# Employment Application Form

## CONFIDENTIAL

Please complete accurately in full and in **Black ink** and return by post to the address below.



Arle Court, Hatherley Lane, Cheltenham, Gloucestershire, GL51 6PN

Tel; 01242 245467

Fax; 01242 529095

### PERSONAL DETAILS

Post applied for:	
Where did you hear of this vacancy?	
Surname:	Title:
Forenames:	Date of Birth:
Home Address:	
Post Code:	
Home Tel No:	Mobile Tel No:
Work Tel No:	Email address:
Can we contact you on this number? YES/NO	
Do you require a work permit? YES/NO	National Insurance Number:

**EMPLOYMENT HISTORY:** Please indicate any gaps in employment and use additional pages if required. If this is your first job after leaving full-time education, you may wish to give details of temporary employment or work experience placements.

PRESENT OR MOST RECENT EMPLOYMENT		
Name and Address of Employer:	Tel. No:	
Job Title:	Salary:	Grade:
Date Commenced:	Reason for Leaving:	Notice Required:
Leaving Date:		

**Present / most recent Employment Duties and Responsibilities**

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**PREVIOUS EMPLOYMENT**

From	To	Name and address of Employer	Job title and duties	Reason for leaving

**EDUCATION AND TRAINING:** Please include secondary education, continuing education (university/college/apprenticeship, etc), together with any relevant training and development courses you have successfully completed. You will be required to produce the original certificates/documentation for any qualifications you have achieved.

**Qualifications and training courses (professional/trade/job related) completed**

Date	Subject	Level	Grade

### Current Membership of Professional Bodies

Name of Institute/Association	Grade of Membership	Date Achieved	Gained by Exam Yes/No

### DISABILITY DISCRIMINATION ACT 1995.

Do you consider yourself to be disabled under the terms of the Disability Discrimination Act 1995? The Disability Discrimination Act defines disability as a “physical or mental impairment which has a substantial and long-term adverse affect on an individual’s ability to carry out normal day-to-day activities”

YES/NO \*If you answered yes, please complete the following:

- i) Please tell us about your disability which may or may not affect your ability to do the job?
- ii) If you would like any assistance if called for interview, please provide details:

### REHABILITATION OF OFFENDERS ACT 1974.

Have you at any time been found guilty by a Court or Court Martial of any offence that is not spent?

YES/NO \*If you answered yes, please provide details and dates (use additional sheets if necessary):

Spent convictions must be declared for applications to the following posts: Solicitors, Chartered or Certified Accountant or any employment in the following establishments: Sports or Leisure Facilities, Sheltered Housing Accommodation

Failure to disclose such convictions could result in dismissal. Any information will be treated in the strictest confidence.

**REFEREES**

Please give the details of two people, not relatives, who have consented to act as referees on your behalf, one of whom must be your present or most recent employer. Confidential references will be taken up, normally by letter, before interview unless you place an **X** in the box to indicate that you do not wish your referee to be approached.

Name, address, telephone number and email address:	Capacity in which Referee knows you:
<p>1.</p> <p style="text-align: right;">Post code:</p> <p>Tel No.                      Email address <input style="float: right;" type="checkbox"/></p>	
<p>2.</p> <p style="text-align: right;">Post code:</p> <p>Tel No.                      Email address <input style="float: right;" type="checkbox"/></p>	

**ADDITIONAL INFORMATION**

<b>Do you have a current driving licence?</b>	YES / NO
Car: <input type="checkbox"/> HGV: <input type="checkbox"/> Motorcycle: <input type="checkbox"/>	
Please give details of any endorsements .....	

Please supply additional information that you feel appropriate to your application, including achievements and skills gained, which you consider relevant to the post and that relate to the criteria contained in the person specification. Continue on separate sheets if necessary. Please number any additional sheets.

**DECLARATION:**

I declare that the information given in this application is true. I understand that any failure to disclose information, or any attempt to mislead the company may, if I am appointed, lead to disciplinary action being taken.

I consent to the Company using and keeping information I have provided on this application and elsewhere relating to my application or future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and, if successful, the information will be used to form my personal record and will be retained for the duration of my employment and as long as it is deemed necessary thereafter. If I am not successful, I understand that the Company will retain the form for as long as deemed necessary for the purpose of recruitment and that the Company may use it to contact me in the event of there being any other vacancies for which I may be suitable.

**Signed** ..... **Date** .....