



TO BE COMPLETED PRIOR TO INTERVIEW IN BLOCK CAPITALS

# EMPLOYEE APPLICATION FORM

AN EQUAL OPPORTUNITIES EMPLOYER

## CONTACT DETAILS

Mr/Mrs/Miss/Ms: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

## OBLIGATORY INFORMATION

Position Applied For: \_\_\_\_\_

Site: \_\_\_\_\_

Date of Application: \_\_\_\_\_

National Insurance No: \_\_\_\_\_

**Circle the relevant below**

Do you have the right to work in the UK? (You will not be offered a job until you provide the necessary documents). YES NO

If you have a disability please tell us about any adjustments we may need to make to assist you at interview? (If yes please provide details on a separate sheet) YES NO

## JOB EXPERIENCE

What experience/qualifications do you have which you feel enable you to do the job?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you do not have any, what skills or attributes do you have which you feel would enable you to job?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a felony resulting in a prison sentence? *If yes, please explain. (Such convictions may be relevant if job is related, but do not bar you from employment as such).* YES NO

Will you work shifts or other flexible working arrangements if required? YES NO

Do you hold a valid license to drive a motor vehicle? YES NO

Details of any Endorsements YES NO

Copy attached?

Do you have any previous training? YES NO  
If so please state:

## REFERENCES

Please provide names and contact details of two referees – one past/present employer essential. Non-employment referees are not suitable.

1. \_\_\_\_\_

2. \_\_\_\_\_

Is a copy of you CV attached?

YES  NO



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**OBLIGATORY INFORMATION**

Please list in full your last 5 years employment/education history, giving reasons for any gaps. (Please continue on a separate sheet if necessary)

Company Name/Address:	Position:	Started:	Finished:	Salary:	Reason Left:

**APPLICANT DECLARATION:**

The information you submit on this form will be used to determine weather a position will be offered to you. If we do so and it is later determined that any information is invalid or misleading, this could be constructed as fraudulent and therefore render you liable to summary dismissal.

I understand the above statement and confirm the information given on this form is true.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**MANAGERS USE ONLY** (Please circle relevant)

Accurate ID Obtained? Yes / No Authorised Person Name \_\_\_\_\_

Please attach Yes / No Signature \_\_\_\_\_

Medical Questionnaire completed? Yes / No Date \_\_\_\_\_