# Appendix 7: EMPLOYMENT APPLICATION FORM - STRICTLY CONFIDENTIAL

Please complete and return this form by post to:

PUT IN YOUR NAME HERE PUT IN YOUR ADDRESS HERE	or: email to: PUT IN YOUR EMAIL HERE fax PUT IN YOUR FAX NO HERE		
APPLICATION FOR THE POST OF:			
Please complete this form in black ink or typeface only	/		
SECTION ONE - PERSONAL DETAILS			
Surname:			
Forenames:			
Address:			
			ode:
Telephone No: (Home) (Daytime)			
Date of Birth:			
Do you consider you have a disability that is relevant to (This is to allow us to consider reasonable adjustments during to and in relation to the job itself - please give details on separate	the recruitmen		Yes 🗌 No 🗌
Are there any restrictions on your taking up employme	ent in the L	JK?	Yes 🗌 No 🗌
If yes, give details :			
How many days sickness absence in the last year? _			
Do you hold a current driving licence?			Yes 🗌 No 🗌
SECTION TWO – EMPLOYMENT HISTORY			
PRESENT EMPLOYER			
Name and address of employer:			
Post held:			
Grade: Sala	ary:		
Date appointed: No	otice Requi	ired:	

Please give relevant information about your duties and responsibilities:

(Continue on additional sheet if necessary)

## PREVIOUS EMPLOYMENT

Da From	tes To	Employer	Post	Salary

Please give any relevant information about duties and responsibilities of previous posts:

#### SECTION THREE – EDUCATION AND QUALIFICATIONS

Dates From	То	School/College/University Other Establishments	Full/Part-time	Courses taken and examinations passed

(Continue on additional sheet if necessary)

### SECTION FOUR - EMPLOYMENT REFERENCES

Please provide the names of two referees - **one must be your present or most recent employer**. (School or college leavers, who have not previously worked, may give school/college lecturers as referees.) Both referees must know you in a professional capacity, paid or unpaid, and must be able to comment on your abilities in relation to the person specification for the post applied for . Referees **must not** be personal friends, or family members.

Name	1		2	
Organisation				
Position				
Address				
Can reference				
be taken up immediately	YES	NO 🗌	YES 🗌	NO 🗌
Capacity in which referee is				
known to you				

### SECTION FIVE - ADDITIONAL INFORMATION

(Please provide any further information you wish to add in support of your application, including any relevant experience from previous posts (paid and unpaid).

-		

(Continue on additional sheet if necessary)

"I confirm that the information given in this application is true and complete."

#### **Data Protection Statement:**

We assume that by signing this form you are giving authority to the **PUT IN THE NAME OF YOUR BUSINESS** to process the information you have given, including data of a sensitive nature, for processes relating to your application for employment. Any such processing will be in accordance with guidance given by the Information Commissioner on the principles for processing set out in the Data Protection Act 1998. Application forms of unsuccessful candidates will be maintained on our files for six months, after which they will be destroyed.

Date:	