

APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL

Return this form to: **HR Department**
Barnetts Solicitors
Wight Moss Way
Southport PR8 4HQ

POSITION APPLIED FOR _____

Surname

Forename(s)

Title

Address History *(Must cover previous 3 years. Please continue on a separate sheet if necessary)*

Postcode :

Mobile No:

Telephone Number

N I Number

Current Driving Licence :

Y / N

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Expiry Date :

Are there any restrictions on you taking up employment in the UK Yes / No (If yes, please provide details)

EDUCATION HISTORY

Schools *(including dates)*

Qualifications gained

Colleges/Universities *(including dates)*

Qualifications gained

Other training *(including dates)*

EMPLOYMENT DETAILS

FROM-TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/ FINISH SALARY	REASON FOR LEAVING

Notice required in current post:

REFERENCES

Please give the names and addresses from whom we may obtain adequate references. Please note that we can not accept character references. Current/former employers and/or previous schools/colleges are acceptable and must cover your last two years employment or school/college history. Continue on separate sheet if required.

1.

2.

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

CRIMINAL RECORD

Please note any criminal convictions except those spent under the rehabilitation of Offenders Act 1974. If none please state.

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day Activities : Yes No

Please specify any special arrangements for work, associated with any impairment.

Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries 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 past 12 months and the reasons for such absences.

DECLARATION (PLEASE READ THIS CAREFULLY BEFORE SIGNING THIS APPLICATION)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact 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.)

Signed

Date

FOR OFFICE USE ONLY

First interview date and notes:

Second interview date and notes:

Offer letter: Y/N

Rejection letter: Y/N

Acceptance: Y/N

References: Y/N

Medical: Y/N

PASS TO ADMIN:

DEAD FILE/NEW FILE

	British.....
	Other white background (Please specify)
Mixed.....	White and Black Caribbean.....
	White and Black African.....
	White and Black British.....
	White and Asian.....
	Other mixed background (Please specify)
Asian.....	Indian.....
	Pakistan.....
	Bangladeshi.....
	British.....
	Other black background (Please specify)
	Chinese.....
	Other ethnic group (Please specify)
	Prefer not to say.....
Religion.....	Christian.....
	Catholic.....
	Jewish.....
	Sikh.....
	Muslim.....
	Hindu.....
	Buddhist.....
	Rastafarian.....
	None.....
	Other religion (Please specify)
	Prefer not to say.....

For the purpose of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Company processing the data supplied on this form for the purpose of equal opportunities monitoring.

Signed:..... Date:.....