

Application for Employment Form

Current Employment

Length of Employment	Name & address of Employer	Job Title	Responsibilities/ Duties	Rate of Pay	Reason for Leaving

Previous Employment History

Length of Employment (from – to)	Name & address of Employer	Job Title	Responsibilities/ Duties	Rate of Pay	Reason for Leaving

Notice period required with current employer:

Application for Employment Form

General Comments

Please detail here your reasons for applying for this position, your main achievements to date and the strengths you would bring to this post. This is the part of the application form where you can bring to our attention any qualities you believe we should be aware of. Do not feel under any obligation to complete this section if you believe the rest of this form has brought out these qualities in sufficient detail. If you find there is insufficient space, please continue on a separate sheet.

Leisure

Please give details of your leisure interests, sports and hobbies and other pastimes.

References

Please give the name and address of two people from whom we may obtain a character and work experience reference. Please advise us if you would prefer us not to approach any reference and the reason why.

1	
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Application for Employment Form

Criminal Record – Basic Disclosure Check

Please give details of any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974. For the purpose of this post we will be undertaking a basic disclosure check with Disclosure Scotland. www.disclosurescotland.co.uk

Health Records

Do you have any disabilities that might affect your application? If YES, please tell us if there are any reasonable adjustments we can make to assist you in your application	YES / NO (delete as appropriate)

Declaration

Please read this carefully before signing the application

Yes / No (please delete as appropriate) **I confirm the above information is complete and correct and any untrue or misleading information will give my employer the right to terminate any employment contract offered.**

Yes / No (please delete as appropriate) **I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties. I have given my explicit consent freely.**

Yes / No (please delete as appropriate) **I authorise you to contact the above two stated referees.**

Yes / No (please delete as appropriate) **If my Application for Employment is successful, I authorise you to contact my doctor for further details and confirmation of my state of health.**

Signed: Dated:

What To Do Next

If you have printed this form and completed it by hand, please sign and date above then print and post your application to:

Andrea Palmer, Hands-on-HR Limited, 3 Old Rye Farm, Rye Street, Birtsmorton, Worcestershire, WR13 6AS by 10.00 am on Monday 6 February 2012.

If you have completed the form on your computer, please attach it to an email addressed to: andrea@hands-on-hr.co.uk by 10.00 am on Monday 6 February 2012.