

APPLICATION FOR EMPLOYMENT

Form AP2H

PRIVATE AND CONFIDENTIAL

Return this form to:

Ref. No: _____

POSITION APPLIED FOR _____

Surname	Forename(s)	Title
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Address

Date of birth

Telephone number

Current driving licence? Yes/No
Groups
Expiry date

Details of endorsements

EDUCATION HISTORY

Schools

Qualifications gained

Colleges/Universities

Qualifications gained

Other training

Registration/PIN number (if applicable)

EMPLOYMENT HISTORY

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

Notice required in current post:

REFERENCES

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

1.	2.
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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.

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 **must be disclosed**, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required)

If YES, please give details

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

Are you disabled YES/NO. If YES, please give details and specify any special needs in relation to your disability.

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