



APPLICATION FORM FOR EMPLOYMENT

POSITION APPLIED FOR: _____

INSTRUCTIONS

If completing by hand, please complete this section in BLOCK CAPITALS.
Please return to: Redclyffe House, 63 The Avenue, Gosport, PO12 2JX or info@redclyffehouse.co.uk
All information will be treated in strictest confidence.

PERSONAL

Surname:		First Name(s):	
Address:			
Contact Tel. No:	Are you aged over 18?		YES/NO
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			
Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?			YES/NO
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO
If YES, please give full details			
Are you willing to work overtime and weekends if required?			YES/NO
Please give details of any hours which you would not wish to work:			
ISA-registered [from July 2010] If YES, Please give ISA Registration Number			YES/NO
Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company's CRB/Disclosure Scotland Code of Practice is available on request.)			YES/NO
If YES, please give full details			
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?			YES/NO
Have you ever worked for this business before?			YES/NO
If YES, please give full details			
Have you applied for employment with this business before?			YES/NO
Do you need a work permit to take up employment in the U.K.?			YES/NO
How much notice are you required to give to your current employer?			

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list languages spoken and the level of competence:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

Are you currently employed? YES/NO

PRESENT OR LAST EMPLOYER

Name of present or last employer:			
Address:			
Telephone No:			
Nature of business:			
Job title and a brief description of your duties:			
Reason for Leaving:			
Length of Service:	From:	To:	

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

DECLARATION

Given the nature of the job applied for, in the event that I am offered the position, I understand that any offer of n employment is subject to information on my criminal record being disclosed to the Company by the Criminal Records Bureau (CRB). If I leave the Company within six months of commencement of employment I agree to pay the fee for the required Disclosure. I agree to this sum being deducted from my final pay or other payment method agreed with the Company. I have been given a copy of the Company’s Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders. If I am offered employment I understand that the Company is required to check the status of my ISA-registration.

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:
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REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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