EMPLOYMENT APPLICATION

**Personal Information Date:**

**Title: … Mr … Mrs … Miss … Ms**

**Name: Surname: Middle name:**

**. . . . . .**

**Marital Status: … Single … Married … Separated … Divorced … Widowed**

**Nationality:**

**Address: Postcode:**

**Phone number: Email address:**

**Home Phone number:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**National Insurance Number**

**Do you require work permit to work? Yes No**

**Please explain**

**POSITION SOUGHT: Available start date:**

**Preferred Hours: Full-Time Part-Time**

**We offer flexibly hours across the week. Please tick the days and times you are available in the table below.**

Days Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning

Afternoon

Evening

Overnight

**How did you learn about us?**

**Education or Equivalent Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Location** | **Subjects/Course** | **Qualification** |
| **High School** |  |  |  |  |
| **Collage** |  |  |  |  |
| **University or Training institute** |  |  |  |  |

**Proficiency Level**

**Native Language**

|  |  |  |  |
| --- | --- | --- | --- |
| **Other languages** | **Speak** | **Read** | **Write** |
| High Moderate Low | High Moderate Low | High Moderate Low |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Skills**

**Please list down any special skill or experiences that you think is relevant for the position you are applying for.**

**Employment History**

**List your present or most recent employer first. Explain any gaps in employment in comments section below. All information must be completed. You may attach a resume, but not in place of completing the required information.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current/Previous Job** | | **Prior job** | **Prior job** |
| **Company Name** |  | |  |  |
| **Company Address** |  | |  |  |
| **Supervisor Name and phone number** |  |  | |  |
| **Job Title** |  | |  |  |
| **Working Period** |  | |  |  |
| **Salary** |  | |  |  |
| **Responsibilities you had** |  | |  |  |
| **Reasons for leaving** |  | |  |  |
| **May we contact** | **Yes/No** | | **Yes/No** | **Yes/No** |

**\* If you require more space please continue on a separate sheet and attach**

**Comments (including explanations of any gaps in employment)**

|  |
| --- |
|  |
|  |
|  |

**References**

**Please give names, addresses and contact details (including phone and fax numbers) of two persons not related to you whom references may be sought. At least one should be your recent employer.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Company name & Address** | **Position** | **Telephone/Fax No.** | **Years Known** |
|  |  |  |  |  |
|  |  |  |  |  |

**Statement in Support of Application**

**Please state why you believe you are a suitable candidate for this post by explaining how you meet these requirements. Please state any experience you think is relevant. (Please continue a separate sheet if required**)

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Questions** | **Yes** | **No** | **If Yes, please give details.** |
| **Have you ever been employed before by this company?** |  |  |  |
| **Do you have any relative working in this company?** |  |  |  |
| **You may be required as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you willing to undergo a medical examination?** |  |  |  |
| **Have you had any criminal convictions (including spent convictions) under the rehabilitation of offenders Act 1974?** |  |  |  |

**ACCESS NI**

**You will be asked to do a criminal record check. Your information will be protected under the Act 1998 (policy 1504).**

**Any criminal records will not stop you from obtaining a position.**

**Next of Kin Details**

Applicant’s Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Next of Kin’s Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Relationship **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification and Authorization**

I certify that all entries are true and correct. I understand that all information on this application is subject to verification.

I agree and understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading, regardless of time of discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I hereby acknowledge that I have read and agree to the above statements

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For Official Use Only** | | | | |
| Date of Commence | Designation | Department | Grade | Starting Pay |
|  |  |  |  |  |
| Interviewed By |  | Recruitment Sources: | | |
| Date |  | Source Name: | | |

**FOR OFFICE USE ONLY:**

To the best of my knowledge, based on the information given throughout this pre-employment questionnaire, the applicant, (……………………………………………………………………………………) is both mentally and physically fit for the post applied for.

Manager signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_