

APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL		
Return this form to: _____ _____		
POSITION APPLIED FOR _____		
Surname	Forename(s)	Title
Address		
Telephone Number		
Current Driving Licence?	Yes/No Groups Expiry date	Details of endorsements
Earliest Date on which you Could commence work?		

PRESENT EMPLOYER

NAME & ADDRESS OF EMPLOYER	DATE COMMENCED
	JOB TITLE
	SALARY
	NOTICE REQUIRED
NATURE OF BUSINESS	

EDUCATION HISTORY

School, College & University leavers should indicate those examination results awaited

SECONDARY SCHOOL/ COLLEGE/UNIVERSITY/ INSTITUTE	DATES		QUALIFICATIONS GAINED/ NON-QUALIFICATION COURSES	GRADE (if applicable)	DATE
	From	To			
MEMBERSHIP OF PROFESSIONAL BODIES				GRADE	DATE FROM

TRAINING UNDERTAKEN

TRAINING COURSE ATTENDED	DATES ATTENDED	QUALIFICATIONS (if any) OBTAINED

REFERENCES

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references, one of whom should be your current/most recent employer.

1.

2.

RIGHT TO WORK IN UK

Please enter your National Insurance Number _____

If you have no National Insurance Number and you are not a citizen of any of the countries of the European Economic Area, please confirm what documentary evidence you hold confirming your right to work in the UK.

Nationality:-

OTHER EMPLOYMENT

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

HOBBIES AND INTERESTS

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

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to the post. (Please continue on an additional sheet if necessary)

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 **may be disclosed on the DBS Disclosure and may then** 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.

Because of the nature of the services we provide we are required to obtain an enhanced disclosure from the Disclosure and Barring Service. Any disclosures made by the DBS will be sent to you alone and you are then required to show them to us before any appointment can be confirmed.

1. Do you confirm that you will share your DBS Disclosure with us if your application for employment is successful?
YES/NO (delete as required)
2. Have you previously registered for the Update Service with the DBS? YES/NO (delete as required)
3. If yes, do you authorize us to carry out a Status Check with the DBS? YES/NO (delete as required)
4. Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 (as amended in 2013) by SI 2013 1998
YES/NO (delete as required)

If YES, please give details on the enclosed form and return it to us in a sealed envelope with your application form and subsequently either send a copy to us or show us the original Disclosure Certificate.

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

DETAILS OF ANY CONVICTIONS, CAUTIONS, REPRIMANDS OR FINAL WARNINGS

that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1998

Please return this form to us in a sealed envelope with your application form
This form must be completed. If you do not have any convictions, cautions, reprimands or final warnings under this heading enter “NONE”.

Date of Conviction	Details of Offence Committed	Details of any Sentence, Caution, Fine etc.

I confirm this is a complete and accurate statement including all unspent convictions, cautions, reprimands and final warnings.

Signed: Date: