**Job Application Form**

**Position applied for:**

**PERSONAL DETAILS**

Full Name:

Address:

County:

Telephone Number (Work):

Telephone Number (Home)

Mobile Number:

E-mail (Home):

Date of Birth:

Age: Place of birth:

National Insurance Number:

Are you a citizen of the EU or EEA? Yes No

If “no” do you have a work permit?

**HEALTH & DISABILITIES**

Do you have any disabilities which may be relevant to this job application: Yes No

If “Yes” please describe them:

Are you a Registered Disabled? Yes No

|  |  |  |  |
| --- | --- | --- | --- |
|  | Excellent | Good | Poor |
| Over all state of health  |  |  |  |
| Hearing:  |  |  |  |
| Eyesight:  |  |  |  |

Do you wear any of the following: Spectacles Contact lenses Neither

**HEALTH Cont:**

Please give details of any medical condition for which you have received treatment for in the past 5 years:

Have you had treatment for any condition relating to the abuse or mis-use of drugs or alcohol within the last 5 years?

Yes No

If “yes” please provide brief details:

Would you be willing to have medical examination if required? Yes No

Are you pregnant? Yes No

If yes please give details:

**DRIVING RECORD**

Do you have a current clean “FULL” driving licence: Yes No

Number of penalty points (if any) endorsed on your current license:

Have you ever been disqualified from driving? Yes No

If yes please provide brief details:

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of . school / Collage | From | To | Examination result | Qualification obtained  |
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Please specify any relevant training you have received or courses attended (give detail)

**EMPLOYMENT HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of current employer(s) or last employer if currently unemployed) | Position | From Date | To Date  | Reason for leaving |
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Average gross pay: per week/ month/annum pay per hour:

Please bring your payslip when you attend for interview

**REFERENCES:** Please enter details below of two referees. These should be your most recent employer’s but if you have not been employed for a long time, you may nominate a prove person to whom you are not related to.

|  |  |  |
| --- | --- | --- |
|  | Reference 1 | Reference 1 |
| Name |  |  |
| Address |  |  |
| Occupation |  |  |
| Contact No |  |  |
| Email |  |  |

**SUPPORTING STATEMENT**

This action provides an opportunity to describe your experience and skills which are relevant to the position for which you are applying. You should refer to the job description and ensure that you highlight any information that shows why you are applying for the position.

Think carefully about how you meet the job requirement, considering your achievement and experience gained in paid or voluntary employment. This information is an important part of the selection process and should be completed by applicants. Please add additional page if needed.

**How did you learn about this position?**

**What are your interest and leisure activities?**

**Covid-19 Vaccination Details**

**Have you vaccinated :**

Date of 1st Dose :

Date of 2nd Dose :

Date of Booster pack :

**Job flexibility**

Prepared to work Full- time (40hrs) Part-time Shifts

If part-time please indicate preferred number of hours per week:

Details of any other work which you will continue to undertake if you are offered employment:

Please provide details of any outstanding holidays to be taken:

**Available to take up employment from/Notice period:**

**REHABILITATION OF OFFENDERS ACT 1974**

*Through the 1975 exemptions orders off the Rehabilitation of Offenders Act, 1974, and by virtue of the nature of the post for which you are applying, we are obliged, as your prospective employers, to ask the following question. Any information supplied by yourself will remain confidential and considered only in relation to the job application:*

With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a court of law?





YES NO

IF “YES” please provide brief details of the offence(s) and relevant dates:

**EQUAL OPPORTUNITIES -VOLUNTARY INFORMATION**

The organisation seeks to recruit employees on the basis of their general suitability for a position and aims to ensure that consideration of age, sex, marital status, disability and racial or ethnic origin should play no part in this process.

In order to monitor the effectiveness of this commitment to equal opportunities it would be helpful if you could complete this section of the form. Completion is not compulsory but should you give details below the information will be used for no other purpose than that as stated in this paragraph

Marital Status Single Married Separated Widowed Divorced

Sex Male Female

Age D.O.B

Ethnic Origin African Afro-Caribbean Asian European Polynesian

Disability (specify)

Registered Disabled Number (where relevant)

**DECLARATION**- Please read carefully, then sign and date your application:

I confirm that the information I have provided is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made. I also understand that questions left unanswered may be discussed at the interview(s) arising from this application:

**Applicant’s signature……………………………………………….. Date…………………………….**