



**APPLICATION FOR EMPLOYMENT**

SURNAME ..... MR / MRS / MISS / MS  
FIRST NAME ..... MIDDLE INITIAL .....  
N.I NUMBER \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ D.O.B.....  
ADDRESS.....  
..... POST CODE .....  
TELEPHONE NO ..... MOBILE .....  
E-MAIL .....  
NATIONALITY..... MARITAL STATUS.....

DO YOU HAVE A DRIVING LICENCE? YES / NO IS IT CLEAN? YES / NO  
IF NO GIVE DETAILS .....  
DO YOU OWN A CAR? YES / NO  
POSITION APPLIED FOR .....

PLEASE CAN YOU GIVE DETAILS OF TWO PEOPLE WE CAN CONTACT  
FOR REFERENCES, ONCE YOU HAVE THEIR PERMISSION.  
THEY CANNOT BE RELATIVES.

NAME .....  
OCCUPATION.....  
ADDRESS.....  
..... POST CODE .....  
TELEPHONE NO ..... MOBILE .....

NAME.....  
OCCUPATION.....  
ADDRESS.....  
..... POST CODE .....  
TELEPHONE NO ..... MOBILE .....



**WORK HISTORY**

PRESENT / LAST EMPLOYER .....

TYPE OF BUSINESS .....

ADDRESS.....

..... POST CODE .....

WORK AND RESPONSIBILITIES .....

.....

DATE OF EMPLOYMENT ..... TO .....

STARTING PAY..... PRESENT / LEAVING PAY.....

REASON FOR LEAVING .....

**DECLARATION OF HEALTH**

Have You Any Reason To Suppose That You Suffer Any Form Of Mental Or Physical Ill Health Or Physical Handicap? YES/NO

Are You At Present Receiving Any Medical Treatment? YES/NO

Have You, During The Past Two Years, Had An Illness Of 10 Days Or More In Any One Year, Which Has Or Would Keep You Away From Work? YES/NO

Are You Registered Disabled? YES/NO

Do You, Or Have Suffered From Back Pain Problems? YES/NO

In The Event You Answered Yes To Any Questions Above Please Give Details On A Separate Sheet.

**DECLARATION**

I..... (*print name*) understand that failure to disclose correct details with regards to the above will render me to subsequent dismissal. The facts set forth in this application for employment are to the best of my knowledge, true and complete.

SIGNATURE .....

DATE .....