

HRM-FO-001-04 Application for Employment

PLEASE USE BLOCK CAPITALS THROUGHOUT

PERSONAL DETAILS			
Full Name:		Daytime Telephone:	
Address:		Evening Telephone:	
National Insurance No:		Mobile Number:	
		Email:	
CURRENT EMPLOYMENT			
Start Date:	Employer Name & Address:	Job Title and Salary:	Reasons for leaving:
CURRENT MEMBERSHIP OF PROFESSIONAL BODIES			
Date(s):	Details:		
WORK EXPERIENCE			
Date(s):	Employer Name & Address:	Job Title and Responsibilities:	Reasons for leaving:

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EDUCATION/TRAINING AND DEVELOPMENT		
College, University or Training Establishments attended:	Qualifications or course details:	Date(s):

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PERSONAL STATEMENT - CONTINUE ON ADDITIONAL SHEETS IF NECESSARY

Please provide details of your experience including any unpaid work and outside interests that are relevant to the job. Give examples where appropriate. Attach additional sheets securely and ensure they are marked clearly with your name and address.

MEDICAL DETAILS - DETAILS OF ANY SICKNESS ABSENCE IN THE LAST TWO YEARS

Do you have or have you had any illness or medical condition which may prevent you from attending work regularly in the future? YES _____ NO _____
If you have answered "YES" please provide details here:

Number of working days lost in the past two years: _____

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REFERENCES – ONE MUST BE YOUR CURRENT OR MOST RECENT EMPLOYER	
Name: Address: Email: Telephone No: Relationship to applicant:	Name: Address: Email: Telephone No: Relationship to applicant:
<i>Please indicate if you do not wish us to contact the above before an interview</i>	<i>Please indicate if you do not wish us to contact the above before an interview</i>

CRIMINAL CONVICTIONS
<p>The Rehabilitation of Offenders Act 1974 requires applicants to give details of any convictions that are not spent. Failure to disclose such convictions could result in disciplinary action or dismissal</p> <p>Do you have any previous convictions? YES _____ NO _____</p> <p>If yes, please details offence(s) including date(s) and sentence(s)</p> <p>If you have previously applied for a Criminal Records Bureau Disclosure please state the date of issue of your Disclosure Certificate:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

DRIVING LICENCES HELD – INCLUDING ANY POINTS ON YOUR LICENCE AND THE REASONS FOR THEM
Provisional: YES ____ NO ____ Full: YES ____ NO ____ Other: _____ Point(s): YES ____ NO ____ Number of points ____ Reason(s): _____ _____

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DO YOU HOLD A CURRENT VAILD PASSPORT (OR ID CARD)

Valid Passport: YES ____ NO ____

Valid ID Card: YES ____ NO ____

DECLARATION

I certify that the information contained on this application form is accurate and true. I give my consent to the processing, transfer and disclosure of all information submitted by me during the recruitment process and throughout any subsequent periods of employment for pre-employment checks, equal opportunities monitoring, payroll operations and training (General Data Protection Regulation 2016)

I accept that misrepresentation of the facts is a ground for refusal of employment or disciplinary proceedings (and in appropriate cases, criminal charges).

I authorise approaches to be made to former employers, educational establishments, government agencies and personal referees for verification of the information I have supplied within this form.

I accept that if the activities for which I am to be deployed require a CTC the CAA or its agents will carry out a CTC and that deployment on any such activities is conditional on the satisfactory result of such a check.

Signed: _____

Date: _____

Please return your application form to:

A B Graphic International Ltd
Lancaster Road
Carnaby Industrial Estate
Bridlington
East Riding Of Yorkshire
YO15 3QY

