

**EMPLOYMENT APPLICATION FORM**

POSITION APPLIED FOR: ……………………………………………………………

**PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** (Please circle) | MR | MRS | MISS | MS | OTHER: | | |
| **Forename(s):** |  | | | | | | |
| **Surname:** |  | | | | | | |
| **Full Name at Birth:**  (If different to above) |  | | | | | | |
| **Telephone No:** | **Home:** | | | | **Mobile:** | | |
| **Current Address:** | **Post Code:** | | | | | | |
| **National Insurance Number:** | | | | | **Nationality:** | | |
| **Are there any restrictions on your right to work in the UK?** | | | | | | **YES** | **NO** |
| **Are you over the age of 18?** | | | | | | **YES** | **NO** |
| **Do you have any criminal convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?** (If yes, please give details) | | | | | | **YES** | **NO** |
| **Do you have a full clean driving licence?** (Please give details of any driving convictions) | | | | | | **YES** | **NO** |
| **Do you have use of a car?** | | | | | | **YES** | **NO** |
| **Do you hold any other driving licence (HGV, motorcycle, etc)** (If yes please give details) | | | | | | **YES** | **NO** |
| **Have you previously worked for the Sanctuary?** | | | | | | **YES** | **NO** |

**EDUCATION AND TRAINING**

|  |  |
| --- | --- |
| **Secondary Education Details and Examinations Taken:** | **Qualifications/Results** |
| Name/Address of Establishment |  |
| **Further Education Details and Examinations Taken:** | **Qualifications/Results** |
| Name/Address of Establishment: |  |
| **Any Other Exams/Training that may be Relevant to this Application:** | **Qualifications/Results** |
|  |  |

**EMPLOYMENT DETAILS**

Please give details of your past employment, starting with the most recent. Continue on a separate sheet if required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name and Address of Employer** | **Dates of Employment** | **Position Held and Main Duties** | | **Reason for Leaving** | |
|  |  |  | |  | |
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|  |  |  | |  | |
| **Do you have any secondary employment? (part time, evenings, etc)?**  If yes, please give details: | | | **YES** | | **NO** |

**REFEREES**

Please give the names of two people whom we may approach for a reference, one of which should be your current or most recent employer.

|  |  |  |  |
| --- | --- | --- | --- |
| **Can we approach your current employer before an offer of employment is made?** | | **YES** | **NO** |
| **Name:** | **Name:** | | |
| **Position:** | **Position:** | | |
| **Company Name/Address:** | **Company Name/Address:** | | |
| **Telephone Number:** | **Telephone Number:** | | |

**PERSONAL STATEMENT**

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| --- |
| Please supply a statement of the personal qualities and experience that you believe are relevant to your suitability for the post and how you meet the personal specification. |

**OTHER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| How did you hear of this vacancy? | | | |
| Do you require any special arrangements to be made for your interview on account of a disability? | | **YES** | **NO** |
| If "yes", please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and thus meet our obligations under the Equality Act 2010: | | | |
| If offered employment, you will be required to complete a Medical Questionnaire. If required, are you prepared to undergo a medical examination before starting employment? | | **YES** | **NO** |
| **I confirm that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.**  **I understand these details will be held in confidence by the Sanctuary, for the purpose of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 2018. I undertake to notify the Sanctuary immediately of any changes to the above details.** | | | |
| **Signed:** | **Date:** | | |