# APPLICATION FOR EMPLOYMENT

Private and Confidential

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| Return this form to: |  | Reference Number: |
|  |  |  |
| Position Applied for: |  |  |
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| Personal Details | | |
| Name | Title: |  |
| Forename(s): |  |
| Surname: |  |
| Contact Information | Address: |  |
| Post Code: |  |
| Email: |  |
| Tel No. (Home): |  |
| Tel No. (Mobile) |  |
| N.I Number: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Current Driving Licence | | | | | | |
|  | Yes: |  | No: |  | |  |
| Groups: | | | |  | |
| Expiry Date: | | | |  | |
|  | Details of Endorsement(s): | | | |  | |

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| Are there any restrictions on you taking up Employment in the UK? | | | | | |
|  | Yes: |  | No: |  |  |
| If Yes, Please Provide Details: | | | |  |

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| Education (please complete in full and use a separate sheet if necessary) | | |
|  | Schools/College/University Names | Qualifications Gained |
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| Employment History (please complete in full and use a separate sheet if necessary) | | |
| Last/Current Employment | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |
| Notice Period: |  |
| Previous Employment #2 | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |
| Previous Employment #3 | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |
| Current Membership of Professional bodies (i.e. CIPD, NMC) | | |
|  | Please note any professional bodies you are a member or registered with: | |
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| Other Employment | |
|  | Please note any other employment that you would continue with if you were to be successful in obtaining the position: |
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| Leisure | |
|  | Please note your leisure interests, sports, hobbies, and other pastimes: |
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| Reference (please note here two persons from whom we may obtain both character and work experience references one of which must be your last employer) | | | | | | | |
| Reference #1 | Title: | |  | | | | |
| Forename(s): | |  | | | | |
| Surname: | |  | | | | |
| Address: | |  | | | | |
| Post Code: | |  | | | | |
| Contact No. | |  | | | | |
| Position Held | |  | | | | |
| May we approach the above prior to interview? | | | Yes |  | No |  |
| Reference #2 | Title: |  | | | | | |
| Forename(s): |  | | | | | |
| Surname: |  | | | | | |
| Address: |  | | | | | |
| Post Code: |  | | | | | |
| Contact No. |  | | | | | |
| Position Held |  | | | | | |
| May we approach the above prior to interview? | | | Yes |  | No |  |

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| General Comments |
| Please detail here your key reasons and motivations for applying for this role, as well as your interest in working for our organisation. |
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| Please explain how the skills and knowledge gained in your prior work experience and main achievements to date enable you to fulfil the requirements of this position. Please refer to the job description when writing your answer. |
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| Please give an example, from either a recreational or work-related context, of you successfully working within a team. |
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| Finally, please provide any further information you deem to be relevant in support of your application. |
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| **Criminal Record** |
| Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory Disclosure & Barring Certificate from the Disclosure & Barring Service/Disclosure Scotland. |
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| Declaration (please read this carefully before signing this application) | | | |
| 1. I confirm that the information provided in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. 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. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. 3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure & Barring Service/Disclosure Scotland for a Disclosure & Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated. | | | |
| Signed: |  | Date: |  |

For more information about this post please contact Mr Peter Leonard on [shops@norwichsams.org.uk](mailto:shops@norwichsams.org.uk)

**Closing Date: 4th October 2020**

Please refer to the job description carefully when completing your application. All completed applications should be sent to ?????? with the subject line ‘Job Application’.

Any applications via CV will not be accepted.