## Form AP1

## **Application for Employment**Private and Confidential

Return this form to:				Reference Number:		
Position Applied fo	or:					
Personal Details						
	Title:					
Name	Forename(s):					
	Surname:					
	Address:					
	Post Code:					
Contact Information	Email:					
	Tel No. (Home):					
	Tel No. (Mobile)					
	N.I Number:					
0						
Current Driving Lic						
	Yes:		No:			
	Groups:					
	Expiry Date:					
	Details of Endorsement(s):					
Are there any restri	ctions on vo	u takin <u>g up E</u> r	nployme	ent i <u>n th</u>	e UK?	
, , , , , , , , , , , , , , , , , , , ,	Yes:	No:	1			
		e Provide Detai	ls:			

<b>Education</b> (please complete in full and use a separate sheet if necessary)				
	Schools/College/University Names	Qualifications Gained		

Employment History (please complete in full and use a separate sheet if necessary)			
	Name of Employer:		
	Address:		
	Dates of Employment:		
Last/Current	Job Title:		
Employment	Duties:		
	Rate of Pay:		
	Reason for Leaving:		
	Notice Period:		
	Name of Employer:		
	Address:		
Previous	Dates of Employment:		
Employment #2	Job Title:		
	Duties:		
	Rate of Pay:		
	Reason for Leaving:		
	Name of Employer:		
Previous Employment #3	Address:		
	Dates of Employment:		
	Job Title:		
	Duties:		
	Rate of Pay:		
	Reason for Leaving:		

Current Membersh	ip of Profes	sional bodies (i.e. CIPD, NMC)					
	Please note any professional bodies you are a member or registered with:						
Other Employment							
Other Employment	Please note	any other employment that you would contin	ue with i	f you were	e to be s	uccessful	
	in obtaining	g the position:					
Leisure							
		Please note here your leisure interests, sports	and hob	bies, othe	r pastin	nes, etc.:	
<b>Reference</b> (please no which must be your las		ersons from whom we may obtain both character a	ınd work (	experience	referenc	es one of	
	Title:						
	Forename(s):						
	Surname:						
Reference #1	Address:						
	Post Code:						
	Contact No.						
	Position He	eld					
	May we app	proach the above prior to interview?	Yes		No		
	Title:						
Reference #2	Forename(s):						
	Surname:						
	Address:						
	Post Code:						
	Contact No.						
	Position Ho	eld					
	May we app	proach the above prior to interview?	Yes		No		



General	Comments
post. Spec	tail here your reasons for this application, your main achievements to date and the strengths you would bring to this cifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised son specification).
Crimina	I Record
In certain	te any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state, a circumstances employment is dependent upon obtaining a satisfactory Disclosure & Barring Certificate from the e & Barring Service/Disclosure Scotland.
Declara	tion (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: