

SIMUL MOVERE

APPLICATION FORM

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
E-Mail Address:			
Contact Tel. No:		Mobile Tel No.	
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			
Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?			YES/NO
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO
If YES, please give full details			
Are you willing to work overtime and weekends if required?			YES/NO
Please give details of any hours which you would not wish to work:			
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?			YES/NO
If YES, please give full details			
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?			YES/NO
Have you ever worked for this business before?			YES/NO
If YES, please give full details			
Have you applied for employment with this business before?			YES/NO
Do you need a work permit to take up employment in the U.K.?			YES/NO
How much notice are you required to give to your current employer?			

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list languages spoken and the level of competence:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

Name of present or last employer:			
Address:			
Telephone No:			
Nature of business:			
Job title and a brief description of your duties:			
Reason for Leaving:			
Length of Service:	From:	To:	

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

DECLARATION

I declare 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 Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:
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REFERENCES

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

Can we approach your current employer before an offer of employment is made? YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Email:	Email
Tel. No:	Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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PRE – EMPLOYMENT MEDICAL QUESTIONNAIRE

Full Name: _____

Address: _____

Contact No: _____

We will not contact your doctor without your prior written consent.

1. How many days' absence have you had from work in the last three years? How many periods of absence have you had in last three years?	Days: Periods:
2. Are you currently taking or have been prescribed medication (excluding contraceptives)? If YES, please give further details.	YES/NO
3. Are you currently receiving treatment for any physical or mental condition? If YES, please give further details.	YES/NO
4. Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? If YES, please give further details.	YES/NO
5. Do you consider yourself to have a disability? If YES, please give further details.	YES/NO
6. If you require any special adjustments for any medical problem or disability to assist you in your employment please give details	

Data Protection Notice:

The Company requires certain information before you start employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the disability discrimination law. The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the Data Protection Act 1998.

I confirm that the information given in this Questionnaire is complete and accurate to the best of my knowledge.

Signature:	Date:
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