

Application Form for Employment

Title of job applied for: _____

Personal information

Surname: _____

First name(s): _____

Title Mr/Mrs/Miss/Ms/Other: _____ Date of Birth: _____

Address: _____

Postcode: _____

Home telephone: _____

Mobile telephone: _____

Work telephone: _____

Email address: _____

Previous employment or voluntary work

Name and address of organisation: _____

Postcode: _____

Position held: _____

Salary and other benefits: _____

Date of appointment: _____

Length of service: _____

Brief description of duties and responsibilities: _____

Are you currently in employment: Yes No

If no please specify date when last appointment ended: _____

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Other Information

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you possess a current driving license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If yes, would you have regular use of a car during working hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you subject to any legal restrictions in respect of your employment in the UK? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you hold a current DBS or CRB check*? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you got any medical conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If answered yes to question 5 please give details:

* We are required to check with the Criminal Records Bureau on any criminal background

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Previous appointments held (most recent first)

Only go back 10 years unless previous experience is particularly relevant to the application

Employer	From month/year	To month/year	Position held	Salary on leaving	Reason for leaving

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Secondary education and qualifications (e.g. NVQ, GCSE, A Level or Degree)

Name of educational establishment	From month/year	To month/year	Qualification gained	Grade

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Details of training relevant to this position.

Name of organisation	Name of training courses	Date taken	Grade or Results

Details of relevant experience and other supporting information.

Please make full use of this page attaching sheets if necessary to provide further information in support of your application (NB Both internal and external applicants should complete this section, include names of organisations, training courses, e.g. Health & Safety, First Aid, dates and grades).

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References

We require the names of two referees who can provide professional or educational references. The first must be from your present / last employer if applicable. We will also require 2 letters of recommendation to support your application, preferably from your nominated referees. The referees must have a managerial position in their organisation.

Referees:

1) Name: _____

Job title: _____

Address: _____

Organisation: _____

Email address: _____

Telephone: _____

For how long have you known the referee? _____

2) Name: _____

Job title: _____

Address: _____

Organisation: _____

Email address: _____

Telephone: _____

For how long have you known the referee? _____

Please tick if you would prefer us not to contact your present employer without further reference to you.

I agree to these references being taken prior to any interview Yes No

I declare that the information given on this application form and supplied with it, is correct.

I understand that any subsequent contract of employment will be made only on this basis, and that, if I falsify or deliberately omit any relevant information I could be dismissed.

Signature: _____

Print name (block capitals): _____

Date: _____

Please return your completed application form with supporting documentation to:
Merry Poppets Nursery Ltd, Administration Department, Building 942, RAF Henlow, Henlow, Bedfordshire SG16 6DN