

STAFF APPLICATION FORM

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| Position Applied For |  |

***The following information will be treated in the strictest confidence.***

# Personal

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Address |  |
| Address |  |
| Postal Code |  |
| Email Address |  |
| Home Telephone Number |  |
| Mobile Telephone Number |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:

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Are you subject to any restrictions or covenants which might restrict your working activities?

**Yes  / No**

If YES, please give full details:

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| --- |
|  |

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:

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Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974?) **Yes  / No**

If YES, please give full details:

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If offered employment, you will be required to complete a Medical Questionnaire.

In the unlikely event that it is required, would you be prepared to undergo a medical examination prior to

starting employment?

**Yes / No**

Have you ever worked for this Company before? **Yes  / No**

If YES, please give full details including dates:

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Have you applied for employment with this Company 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 | Grade |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

| College or University | From | To | Examinations | Grade |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

| Further Formal Training | From | To | Diploma / Qualification |
| --- | --- | --- | --- |
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| Job Related Training Courses  Name of Organisation | Date | Subject |
| --- | --- | --- |
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# Employment Details Present or Last Employer

Are you currently employed? **Yes  / No**

Can we approach your present employer before an offer of employment is made? **Yes  / No**

|  |  |
| --- | --- |
| Name of present or last employer |  |
| Address |  |
| Address |  |
| Address |  |
| Post Code |  |
| Telephone number |  |
| Nature of business |  |
| Notice Period |  |
| Current Salary |  |
| Do you have any current or recent employment issues that Helm should be made aware of prior to taking up references? |  |
| Job title & brief description of duties |  |

Length of service: From: Click here to enter a date.To Click here to enter a date.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employers Name and Address | Dates  From and To | | Position Held and Main Duties | Reason for Leaving |
|  |  |  |  |  |
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# Interests, Achievements, and Leisure Activities

(e.g. hobbies, sports, club memberships)

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**Knowledge, Skills and Experience**

Please explain how you meet the job requirements. It is recommended that you use the headings from the person specification to help you focus on the knowledge, skills and experience relevant to the job. You may draw on experience gained from employment, voluntary work or any outside interests. (Max 600 words)

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

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Please list languages spoken and the level of competence:

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# 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 ongoing personnel administration and payroll administration in compliance with the

Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

|  |  |
| --- | --- |
| Signed |  |
| Print Full Name |  |
| Date |  |

*Please note that if you are sending this form by email then leave the above ‘signed’ field blank. If you are asked to attend for interview you will be given the form to be signed prior to your interview.*

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.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Position |  | Position |  |
| Address |  | Address |  |
| Address |  | Address |  |
| Postal Code |  | Postal Code |  |
| Telephone Number |  | Telephone Number |  |
| Email Address |  | Email Address |  |

Source of Application

How did you hear of this vacancy?

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