

APPLICATION FORM 1 —CONFIDENTIAL APPLICATION FOR EMPLOYMENT

If you require this form to be resent to you so that you can fill it in more easily, or for it to be submitted in a different format, please contact [Enter name]. Examples are a format in Braille, large print or submission via tape recording. This will in no way be detrimental to your application.

1. Application Form

Position applied for	<input type="text"/>
Available to take up employment	<input type="text" value="[Enter date]"/>
Salary required	£ <input type="text"/> pa <input type="text"/>

2. Prepared to Work

Full time Part time Shift work

3. Personal Details

First name	<input type="text"/>	Last name	<input type="text"/>
Address	<input type="text"/>		
Telephone numbers	Private <input type="text"/>	Work	<input type="text"/>
	Mobile <input type="text"/>	E-mail	<input type="text"/>
Do you own a car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have a current driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Provisional Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Yes <input type="checkbox"/> No <input type="checkbox"/>	HGV Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any current endorsements?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give details	<input type="text"/>		

4. Languages

Do you speak or read a foreign language?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details	<input type="text"/>

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5. Secondary Education			
School name/address	Examinations (subject/result, etc)		
6. Further Education and Training			
University/College	Type of course	Subjects	Qualification or class of degree
7. Occupational Qualifications			
College/Institute or other name		Qualification/Level	
8. Membership of Professional Body			
Name		Level	
9. Employment			
Present/last employer			
Address			
Job title			
Duties/responsibilities			
Reason for leaving			
Finishing pay	£	pa	

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Other most recent employer	<input type="text"/>
Address	<input type="text"/>
Duties/responsibilities	<input type="text"/>
Reason for leaving	<input type="text"/>
Finishing pay	£ pa
Other most recent employer	<input type="text"/>
Address	<input type="text"/>
Duties/responsibilities	<input type="text"/>
Reason for leaving	<input type="text"/>
Finishing pay	£ pa
10. General	
Interests/hobbies (give details of pastimes, sports, etc)	<input type="text"/>
Offices held in social/sports clubs, etc	<input type="text"/>
Public duties (JP, local councillor, etc) undertaken	<input type="text"/>
Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details	<input type="text"/>
If offered this position will you continue to work in any other capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details	<input type="text"/>

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11. Permission to Work in the UK		
Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are successful in your application would you require permission to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Community/Volunteer Experience		
Name and address of organisation	Position/title	Duties
13. Personal Referees		
Work reference — not members of your own family		
Name	<input style="width: 100%;" type="text"/>	
Address	<input style="width: 100%; height: 60px;" type="text"/>	
Organisation	<input style="width: 100%;" type="text"/>	
Occupation	<input style="width: 100%;" type="text"/>	
Telephone number	<input style="width: 100%;" type="text"/>	
E-mail address	<input style="width: 100%;" type="text"/>	
Work, personal or educational		
Name	<input style="width: 100%;" type="text"/>	
Address	<input style="width: 100%; height: 60px;" type="text"/>	
Organisation	<input style="width: 100%;" type="text"/>	
Occupation	<input style="width: 100%;" type="text"/>	
Telephone number	<input style="width: 100%;" type="text"/>	
E-mail address	<input style="width: 100%;" type="text"/>	

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14. Additional Personal Details																						
<p>Applicants are requested to tick the relevant boxes below to enable the organisation to monitor its equal opportunity policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.</p>																						
<table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 33%;">White – British <input type="checkbox"/></td> <td style="width: 33%;">Mixed – White and Black Caribbean <input type="checkbox"/></td> <td style="width: 33%;">Asian/Asian British – Indian <input type="checkbox"/></td> </tr> <tr> <td>White – Irish <input type="checkbox"/></td> <td>Mixed – White and Black African <input type="checkbox"/></td> <td>Asian/Asian British – Pakistani <input type="checkbox"/></td> </tr> <tr> <td>White – Other <input type="checkbox"/></td> <td>Mixed – White and Asian <input type="checkbox"/></td> <td>Asian/Asian British – Bangladeshi <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Mixed – Other <input type="checkbox"/></td> <td>Other Asian Background <input type="checkbox"/></td> </tr> <tr> <td>Black/Black British – Caribbean <input type="checkbox"/></td> <td></td> <td>Chinese <input type="checkbox"/></td> </tr> <tr> <td>Black/Black British – African <input type="checkbox"/></td> <td></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Black/Black British – Other <input type="checkbox"/></td> <td></td> <td>Male <input type="checkbox"/> Female <input type="checkbox"/></td> </tr> </table>		White – British <input type="checkbox"/>	Mixed – White and Black Caribbean <input type="checkbox"/>	Asian/Asian British – Indian <input type="checkbox"/>	White – Irish <input type="checkbox"/>	Mixed – White and Black African <input type="checkbox"/>	Asian/Asian British – Pakistani <input type="checkbox"/>	White – Other <input type="checkbox"/>	Mixed – White and Asian <input type="checkbox"/>	Asian/Asian British – Bangladeshi <input type="checkbox"/>		Mixed – Other <input type="checkbox"/>	Other Asian Background <input type="checkbox"/>	Black/Black British – Caribbean <input type="checkbox"/>		Chinese <input type="checkbox"/>	Black/Black British – African <input type="checkbox"/>		Other <input type="checkbox"/>	Black/Black British – Other <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>
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Black/Black British – Other <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>																				
National Insurance number	<input style="width: 100%;" type="text"/>																					
15. Recruitment Policy																						
<p>It is the organisation's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.</p>																						
<p>I authorise the organisation to obtain references to support this application once an offer has been made and accepted and release the organisation and referees from any liability caused by giving and receiving information.</p>																						
Declaration	I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.																					
Signature	<input style="width: 100%;" type="text"/>																					
Date	<input style="width: 100%;" type="text"/>																					
16. For Office Use Only																						
Starting date	<input style="width: 100%;" type="text"/>																					
Job offered	<input style="width: 100%;" type="text"/>																					
Pay	<input style="width: 100%;" type="text"/>																					
Hours of work	<input style="width: 100%;" type="text"/>																					
Department/supervisor	<input style="width: 100%;" type="text"/>																					
Payroll number	<input style="width: 100%;" type="text"/>																					
Recruitment source	<input style="width: 100%;" type="text"/>																					
National Insurance number	<input style="width: 100%;" type="text"/>																					

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Proof of right to work in the UK	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Detail:	<input style="width: 100%;" type="text"/>					
P45 or P46	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Pension entry date	<input style="width: 100%;" type="text"/>					
Reference requested	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Driving licence	<input style="width: 100%;" type="text"/>					
Proof of qualifications	<input style="width: 100%;" type="text"/>					
Union membership	<input style="width: 100%;" type="text"/>					
17. Interviewer's Use Only						
	1 2 3 4 5					
Appearance	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Communication	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Experience	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Co-operation	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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General impression	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 20%; height: 20px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other comments						
<input style="width: 100%; height: 50px;" type="text"/>						
Signature (1)	<input style="width: 100%;" type="text"/>					
Signature (2)	<input style="width: 100%;" type="text"/>					