

APPLICATION FOR EMPLOYMENT

Position applied for: _____
 How did you hear of the position? _____
 Available to take up employment (Dates): _____
 Dates of any pre-arranged holiday: _____
 Notice period: _____

Please complete ALL SECTIONS in BLOCK CAPITALS

PERSONAL INFORMATION

Mr, Mrs, Miss, Ms, other, (Please circle).

Surname: _____ Forenames: _____

Date of Birth: DD MM YY Marital Status: _____

National Insurance Number: - - - -

Nationality: _____

Do you need a work permit to take up employment in the UK? Yes / No (Please circle)

If Yes, please provide details: _____

Permanent address: _____

Post Code: _____

Telephone Number(s): (Home) _____ (Mobile) _____

Please tick, which group best describes your ethnic origin or decent:

White Black - Caribbean Black - African Black - Other Indian Pakistani

Bangladeshi Chinese Any other Ethnic group _____

DRIVING LICENCE INFORMATION

Do you hold a current full driving licence? Yes / No (Please circle)

Driving Licence No.: _____ Groups covered: _____

Do you hold a current PCV driving licence? Yes / No (Please circle)

Date held from: _____ Expiry: _____

Are there any endorsements on it? Yes / No (Please circle)

If Yes, please provide details: _____

Licence obtained? Privately / Through Company (Please circle)

If through Company, please state Name and branch _____

EDUCATION and TRAINING: List below your last three places of education/training, starting with the current or most recent.

Dates from - to Month & Year	Name & address of School or college:	Qualifications achieved or being studied:

EMPLOYMENT HISTORY: List below your last three employers, starting with the current or most recent.

Dates from - to Month & Year	Name and address of employer & type of business:	Rate of Pay:	Position
		Average number of hours worked each week:	Reason for leaving:

What were your duties?

Managers Name:	Telephone Number:	May we contact them?
		Yes / No (Please circle)

Dates from - to Month & Year	Name and address of employer & type of business:	Rate of Pay:	Position
		Average number of hours worked each week:	Reason for leaving:

What were your duties?

Managers Name:	Telephone Number:	May we contact them?
		Yes / No (Please circle)

Dates from - to Month & Year	Name and address of employer & type of business:	Rate of Pay:	Position
		Average number of hours worked each week:	Reason for leaving:

What were your duties?

Managers Name:	Telephone Number:	May we contact them?
		Yes / No (Please circle)

HEALTH:

Do you have any physical disabilities? Yes / No (Please circle)

If Yes, please provide details:

Are you registered disabled? Yes / No (Please circle)

If Yes, please provide details/registration number:

Have you had any work related health screening recently? Yes / No (Please circle)

If Yes, please provide details:

Do you wear contact lenses or glasses? Yes / No (Please circle)

Note: Network Colchester welcomes applications from Registered Disabled persons, provided they are capable of undertaking the duties of the post concerned.

UNIFORMS: Please indicate the sizes that you require

Ladies sizes: 10, 12, 14, 16, 18, 20 Other: _____

Gents measurements:

Chest: _____ Waist: _____

Inside Leg: _____ Collar: _____

Weight: _____ Height: _____

HISTORY of CONVICTIONS:

Have you ever been convicted of a criminal offence which is not a spent conviction within the terms of the Rehabilitation of Offenders Act 1974? Driving offences must be included. If No, please write No: if Yes, please provide full details:

Under Criminal Records Bureaux (CRB) enhanced application spent convictions will be recorded. Please tick to indicate any spent convictions which will be discussed further at interview selection.

DECLARATION:

My signature confirms that all the information given on this application for is true and complete. I understand that any falsification or deliberate omission may disqualify my application or lead to my dismissal. I confirm that I am entitled to work in the UK. I understand that my employment is subject to references that are satisfactory to Network Colchester.

Signed _____ Date _____

This form should be returned to:
Network Colchester, Unit 4B Heath Business Park, Grange Way, Colchester, CO2 8GU
Tel: 01206 877620

MEDICAL INFORMATION

Please complete in BLOCK letters and tick boxes where appropriate

A

Name _____

Age _____

Height _____ ft _____ in

Weight _____ st _____ lbs

B

Have you ever in your life - including childhood, had any of the following?

Any heart condition Yes No

Loss of sight or cataract removed Yes No

Double or tunnel vision Yes No

Any epileptic attack, stroke or loss of consciousness Yes No

Drink problem Yes No

Drug addiction Yes No

C

Are you being treated for any of the following?

Angina Yes No

Medical or nervous disorders Yes No

Diabetes with insulin injections Yes No

D

Have you stayed away from work or school in the past year? Yes No

Have you consulted a doctor in the past year? Yes No

Have you any permanent disability? Yes No

E

If you have answered YES in any of the boxes or if you have any other medical conditions which may affect your ability to work, please give particulars.

F

The information given by me in this form is correct in every detail and I understand that giving false information could result in my rejection for employment

Signed _____

Date _____