## ``+++Example application form

Please complete all sections of this application form and other documents clearly in **CAPITAL LETTERS** and in **BLACK INK**.

POSITION	APPLICATION REF				
The contents of this form will be treated as confidential					
Section 1 PERSONAL DETAILS					
Surname:		Forenames:			
Mr/Mrs/Ms/Miss (please circle title	Address:				
Post Code:		Telephone number:			
Mobile No:		Email address:			
Do you have a current dr	Do you have a current driving licence? YES NO				
If there are any endorsements on your driving licence, please give details below:					
	EASE TICK DOPLICATION FO	CUMENTS INCLUDED WITH THIS RM			
Equal Opportunities Mon	itoring Form	Rehabilitation of Offenders Act 1974 & DBS Declaration			
Section 3 HOW DID YOU LEARN OF THIS VACANCY?  For recruitment monitoring purposes.					

Do you have any restrictions on your right to work or remain in the UK?  YES   NO	
Under Section 8 of the Immigration Act we are required to check all employees are eligib work within the UK. Please confirm that, if you are offered a position, which of the following documents you would be prepared to supply and allow us to make a copy of: (Please indicate with a tick)	
UK or EEU Birth Certificate which <b>must</b> include name of parents	
Registration or Naturalisation Certificate	
Work Permit issued by Work Permits UK	
Home Office issued letter indicating permission for indefinite stay in the UK with no restrictions	
P45/P60 from previous Employer	
National Insurance Card	
UK Residence Permit from a EEAA state or Switzerland	
Home Office Application Registration Card permitting employment	
Passport	
Note: EEAA = European Economic Area Agreement	
Section 5 REASONABLE ADJUSTMENTS	
If called to interview are there any adjustments that are required? YES $\square$ NO $\square$	
Please detail below the adjustments that are required and their purpose. This is used as part of the selection process.	not

School / College / University attended	Section 6 EDUCATION HISTORY						
Name & address of employer  Job title  leave?	School / College / University attended			Qual	Qualifications gained		
Name & address of employer  Job title  leave?							
Name & address of employer  Job title  leave?							
Name & address of employer  Job title  leave?							
Name & address of employer  Job title  leave?							
Name & address of employer  Job title  leave?							
Name & address of employer  Job title  leave?							
Name & address of employer  Job title  leave?							
Name & address of employer  Job title leave?	Section 7	CI	IDDENIT EMI	DI OVMENT			
employer leave?	Section 7 CURRENT EMPLOTMENT						
Current duties and responsibilities:		of	Job	title			
Current duties and responsibilities:							
	Current duties and res	sponsibi	lities:				
Notice period required with current employer:							

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## SECTION 8 EMPLOYMENT HISTORY

Please list all employment, explaining any gaps between posts since you finished full time education, (beginning with your most recent employer.) Please continue on a separate sheet if necessary.

Date Name & address of lob title Reason for low				
From	ı - To	employer	Job title	Reason for leaving

Please detail here how you meet the requirements of the how you feel you can demonstrate the values of our org applying for this position.	person specification, particularly	
This is the part of the application form where you can bring believe we should be aware of. Please continue on a separate		
·	,	
SECTION 12 DECLARATION (Please read this carefully before signing to	he application)	
I agree that any offer of employment is subject to satisfactor and checks (if required) and a probationary period.	y references, medical information	
I confirm that the information supplied by me on this form and all documents required, with this application are complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.		
If my Application for Employment is successful, I agree to this is required to ensure my suitability to carry out my duinformation as part of an occupational health scheme or prinave given my explicit consent freely.	ties and for provision of medical	
Signed:	Dated:	

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Signed:

