

APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL

POSITION APPLIED FOR:			
PERSONAL DETAILS			
Title:	Forename(s):	Surname:	
Full Address:			
Phone Number:		Email:	
NI No:	Age (For insurance reasons only):	Date of Birth:	
Current driving Licence?	Yes / No	Groups:	Expiry Date:
	Details of endorsements:		
Are there any restrictions on taking up employment in the UK?		Yes / No	
(If yes, please provide details)			
EDUCATION HISTORY			
			Qualifications
Schools			
Colleges/Universities			
Other Training			
Other Employment Please note any other employment you would continue with if you were to be successful in obtaining this position.			

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary). Last 5 years minimum. In order most recent first.

Name & Address of Employer	Job Title & Duties	Start/Finish Dates	Salary & Reason for leaving

Notice required in current position:

REFERENCENCES

Please note here the names, addresses and phone numbers of two persons from whom the company may obtain both character and work experience references.

1.		2.	
Name:		Name:	
Address:		Address:	
Post Code:		Post Code:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	

LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

GENERAL COMMENTS

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the specification).

HEALTH DETAILS

This section is to be completed only after first interview /provisional offer.

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities?

Yes

No

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

Do you smoke?

Yes / No

Minoli is a non-smoking workplace

Do you drink?

Yes / No

No alcohol permitted on site

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 24 months and the reasons for such absences.

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date:

Please return this completed form to:

Minoli Personnel Department

By post: Minoli, Transport Way, Cowley, Oxford, OX4 6LX

By email: info@minoli.co.uk