

**APPLICATION FORM**

**SCOTT DUNN**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **POSITION APPLIED FOR:** | | | |  | | | | | | |
| **The following information will be treated in the strictest confidence.** | | | | | | | | | | |
| **PERSONAL** | | | | | | | | | | |
| Surname: |  | | | | First Name(s): | | |  | | |
| Address: |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Email: |  | | | | | | | | | |
|  | | | | | | | | | | |
| Contact Tel. No: | | | | | Mobile Tel No. | | | | | |
|  | | | | | |  | | | | |
| 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. Territorial Army/Magistrates? | | | | | | | | | **Yes  No** | |
| If YES, please give full details. | | |  | | | | | | | |
| Are you subject to any restrictions or covenants which might restrict your working activities? | | | | | | | | | **Yes  No** | |
| If YES, please give full details | | |  | | | | | | | |
| Please refer to the ‘Guidance Notes’ at the back of this form before completing this section. All information is treated as confidential  DO YOU HAVE ANY SPENT CONVINCTIONS WHICH ARE NOT SPENT UNDER THE REHABILITATION OF OFFENDERS ACT 1974  If Yes, please give details: | | | | | | | | | **Yes  No** | |
| If YES, please give full details | | |  | | | | | | | |
| Have you ever worked for this business before? | | | | | | | | | **Yes  No** | |
| If YES, please give full details | | | | | | | | |  | |
| Have you applied for employment with this business before? | | | | | | | | | **Yes  No** | |
| Do you need a work permit to take up employment in the U.K.? | | | | | | | | | **Yes  No** | |
| Current Salary? | | | | | | | £ | | | |
| How much notice are you required to give to your current employer? | | | | | | |  | | | |

**SOURCE OF APPLICATION**

How did you hear of this vacancy?

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|  |

**EDUCATION – if you have all these details on your CV please attach a signed copy.**

|  |  |  |  |
| --- | --- | --- | --- |
| Schools attended since age 11 | From | To | Examinations and Results |
|  |  |  |  |
| College or University | From | To | Courses and Results |
|  |  |  |  |
| Further Formal Training | From | To | Diploma/Qualification |
|  |  |  |  |
| Job related Training Courses  Name of Organisation | Date | Subject | |
|  |  |  | |

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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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**EMPLOYMENT DETAILS - if you have all these details on your CV please attach a signed copy.**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of employer | Dates | Position held/Main duties | Reason for leaving |
|  |  |  |  |

**PRESENT OR LAST EMPLOYER**

Are you currently employed? **Yes  No**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of present or last employer: | | | | |  | | |
|  | | | | |  | | |
| Address: |  | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Telephone No: | |  | | | | | |
|  | |  | | | | | |
| Nature of business: | | |  | | | | |
|  | | |  | | | | |
| Job title and a brief description of your duties: | | | | | |  | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Reason for Leaving: | | | | | | | |
|  | | | | | | | |
| Length of Service: | | | | From: | | | To: |

**Health**

Is there anything we need to know in order to offer you a fair selection interview? For example, do you need a signer, interpreter or require an accessible interview room?

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| **Travel**  Please list below countries you have visited. |
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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 assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

|  |  |
| --- | --- |
| Signature: | Date: |

**REFERENCES**

Please give the names of three people (one of which should be your present or most recent employer) whom we may approach for a reference.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Name: |  | Name: |  |
| Position: |  | Position: |  | Position: |  |
| Email: |  | Email: |  | Email: |  |
| Tel. number: |  | Tel. number: |  | Tel. number: |  |
| Address: |  | Address: |  | Address: |  |
|  |  |  |  |  |  |

**REHABILITATION OF OFFENDERS ACT 1974**

With certain exceptions, a person who has become a rehabilitated person for the purpose of the Act in respect of a conviction shall be treated in law as a person who has not committed or been charged with or prosecuted for or convicted of or sentenced for the offence or offences which were the subject of that conviction. This enables an employee/prospective employee to conceal from the employer details relating to what is called by the Act a ‘spent conviction’. The rehabilitation period depends upon the sentence, the periods are set out as follows:

**Sentence** **Rehabilitation Period**

Imprisonment, corrective training or sentence of detention in a young offenders’ ten years\*

Institution for more than six months but not more than 30 months

Imprisonment or sentence of detention in a young offenders’ institution for a term not seven years\*

exceeding six months

A fine or other sentence not expressly covered by the Act five years\*

Order for detention in detention centre three years\*

Absolute discharge six months\*

Conditional discharge one year

Probation five years\*

\*Where one of the above sentences was imposed on someone under eighteen years old at the date of the conviction, the rehabilitation period is cut by half.

*Should you have any queries concerning the above, or indeed any aspect of the Application Form please do not hesitate to contact the HR Manager. Telephone: 02086825092*