

JOB APPLICATION FORM

STRICTLY CONFIDENTIAL

Please answer all questions writing NO or NIL if a question does not apply to you. Please write in black ink and in BLOCK CAPITALS.

Application for employment as		
How did you hear about this vacancy?		
Surname Mr Mrs Ms Miss		Maiden or former name(s)
Forenames		Email address
SIA licence number	N.I. number	Date of birth
Mobile telephone	Home telephone	Work telephone

How long have you lived at your present address?		Years	Months
Please list all previous addresses where you have lived for the past six years : -			
Current address and postcode		Former address and postcode	
Former address and postcode		Former address and postcode	



Former address and postcode

Former address and postcode

Do you hold a current full driving licence?

Yes

No

State any driving convictions in the past **five years**: -

Have you ever been fined, cautioned, sentenced to imprisonment or placed on probation for a criminal act (subject to the Rehabilitation of Offenders Act)?

Yes

No

Are there any alleged offences outstanding against you?

Yes

No

If yes to either of the above, please give details below: -

Have you ever been made bankrupt or have any Court Judgements against you, whether satisfied or not in the last 6 years?

If yes, please give details below: -

Yes

No

Education and Training

Secondary School/ College or University attended

Results of exam and qualifications received

Please state any additional training undertaken

Results achieved

EMPLOYMENT HISTORY

Starting with your most recent job, please give full details of your employment history for the past **five years** or since you left full-time education and include the full postal address of your employer. Please also list periods of **self-employment, full-time education** and **military service**. For periods of **self-employment** please give the name, address and telephone number of your accountant. For any periods of **unemployment** please give the address of the DWP office to which you reported or the name of a person (not a relative) who can confirm your whereabouts.

If you do not wish for us to contact your current employer at this time, please tick here

Name and address of current employer

Position held:

From

To

Name and address of previous employer

Position held:

From

To



Name and address of previous employer	Position held: From To
Name and address of previous employer	Position held: From To

Please continue on a separate page if necessary

PERSONAL REFERENCE

Please give details of a person who would be willing to provide you with a character reference. Your character referee must have known you for two full years and you must still be in contact with them. They must not be a previous employer, relative or a person living at the same at the same address as you.

Name of referee	
Address	
Postcode	
Telephone	
email	



Occupation	
Length of time known	

IMPORTANT INFORMATION

During your probationary period, you may terminate your employment by giving no less than one week's notice. The company may terminate your employment by giving one day's notice if you are in your first four weeks' of employment and by giving one week's notice if you have worked for four weeks' or more.

I understand that any appointment made will be subject to complete and satisfactory references being received by the company.

DECLARATION

I understand that employment with the company is subject to satisfactory references and security screening in accordance with BS7858.

I will co-operate with the company in providing any additional information required to meet these criteria.

I authorise the company and/or its nominated agent to approach previous employers, schools/colleges, character references or Government Agencies to verify that the information that I have provided is correct.

I authorise the company to make a consumer information search with a credit reference agency, who will keep a record of that search and may share that information with other credit reference agencies.

I understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records.

I consent to the company's reasonable processing of any sensitive personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the company. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to the company.

I understand and agree that I will make a Statutory Declaration if required in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment.

I hereby certify that, to the best of my knowledge, the details that I have given in this application form are complete and correct.

I understand that any false statement or omission to the company or its representatives may render me liable to dismissal without notice.

Name	
Signature	
Date	

PLEASE NOTE

On submission of your application form you must present two original forms of identification, which will be copied and certified as true copies of originals. These will be handed back to you immediately.



ADDITIONAL INFORMATION

Please use this space to tell us anything else that would support your application or to add anything where you may have run out of space. Please indicate which part of your application this refers to.

CONFIDENTIAL

15 Greenways , Southampton, SO16 2NY
Tel: 07868095469 Web: www.mnservicesltd.co.uk

