

## APPLICATION FOR EMPLOYMENT

*Please complete this document in your own handwriting by printing clearly in black ink*

Surname:	Title:	Forenames:
Address:		Day-time ☎
Postcode:		Evening ☎
Nationality:		Mobile ☎
		Email address:
		How will you travel to work?

Do you have a full current driving licence? YES/NO  
Is it free of endorsements? YES/NO If NO, give details.

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?  
YES/NO

Do you smoke?	National Insurance No:
---------------	------------------------

Employers have a statutory obligation to make reasonable adjustments to accommodate the disabled throughout the recruitment process. We are an equal opportunities employer and in order to enable us to comply with our obligations we need to know:-

Do you have any physical or mental impairment which you would consider to amount to a disability? YES/NO

If so, what is it? .....

If you are invited to an interview, what adjustments (if any) might be required to accommodate you?  
.....

Please note that any successful candidates who are offered employment conditionally or unconditionally may be asked to complete a more detailed Medical Questionnaire (whether in relation to any disability or generally in relation to health-related issues) prior to commencing employment.

Have you previously worked for us? YES/NO

If yes, in what capacity? .....

If No, have you a contact or are you related to any person in our employ? If so please give details?  
.....

Have you previously applied to us? YES/NO      Where did you see this position advertised? .....

## EMPLOYMENT

Position applied for:

Salary Expected:

If offered this position, will you continue to work in any other capacity? YES/NO If yes, please give details.

Would you work full time? YES/NO If your application is for part time employment, please state days/hours preferred.

On what date would you be available to commence this employment?

## EDUCATION

### EDUCATIONAL QUALIFICATIONS

Examinations Undertaken

Grade

Year Taken

Please give name & address of school/college/university where you attained your qualifications:

## PROFESSIONAL MEMBERSHIP & QUALIFICATIONS/SKILLS

Professional Memberships:

Qualifications:

Technical skills appropriate to the position:



## EMPLOYMENT HISTORY

Present/Last Employer:  
Address:

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Starting Salary:  
Final Salary:



Type of Business:  
Position Held:  
Describe the work undertaken:

Reason for Leaving:

Please give details of your two previous employers, most recent first.

Employer:  
Address:

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Starting Salary:  
Final Salary:



Type of Business:  
Position Held:  
Describe the work undertaken:

Reason for Leaving:

Employer:  
Address:

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Starting Salary:  
Final Salary:



Type of Business:  
Position Held:  
Describe the work undertaken:

Reason for Leaving:

## REFERENCES

Please give details of two referees (one of whom should be your present/last employer and not relatives). Contact will only be made with your authority.

Name:

Name:

Occupation:

Occupation:

Address:

Address:



## REFERENCES

Please outline the skills and experience you have gained through paid employment and other work activities and interests which are relevant to your application for this job.

Please include with your Application for Employment Form a copy of your C.V. Please use this space to give any other information you feel is necessary to support your application.

Please sign and date the declarations below:

*I declare that the information given by me, to the best of my knowledge, is true and complete.*

*I acknowledge that any offer of employment will be made on condition that the above information is true and that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.*

NAME: .....  
BLOCK CAPITALS

SIGNED: .....

DATE: .....

Please return your Application for Employment Form and any other attachments by the closing date to:

The Personnel Department  
Allen & Page  
Norfolk Mill  
Shipdham  
Thetford  
Norfolk  
IP25 7SD

+44 (0)1362 822900

Fax: +44 (0)1362 822910

Email: [personnel@allenandpage.co.uk](mailto:personnel@allenandpage.co.uk)

Website: [www.allenandpage.com](http://www.allenandpage.com)