



# Leeds Bradford<sup>®</sup> Airport

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## Application for Employment in Aviation Security

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Application for the post of .....

Name of Applicant .....

Strictly confidential

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN YOUR OWN HANDWRITING.**

CVs may be supplied in addition to this application form but not in place of it.

**SECTION 1: PERSONAL DETAILS**

Full Name :	MR MS MRS MISS Please circle
Permanent Address:	
Postcode:	
Tel No (Home)	Tel No (Mobile)
Email Address:	
Date of Birth:	
National Insurance Number:	
Nationality:	
Do you have the right to live and work in the UK indefinitely: YES/ NO Please circle	
Do you hold a valid UK working visa: YES/ NO Please circle (if yes please state the expiry date)	
Please indicate which (if any) driving licences you possess. If you are invited for interview you will be required to bring your licence(s) with you <b>AND/ OR</b> passport Please circle  <b>STANDARD</b> FULL/PROVISIONAL * <b>LGV</b> FULL/PROVISIONAL * <b>PCV</b> FULL/PROVISIONAL	
Do you possess your own vehicle? YES/ NO Please circle	
State number of days illness during last 24 months	
Do you consider yourself to have a disability? YES/ NO Please circle  If yes, are there any arrangements you would like the airport to make if you were interviewed	
In line with the Rehabilitation Of Offenders Act 1974 the Company requires you to disclose details of any unspent convictions that you may have and will also apply for a basic disclosure of your criminal record; this may not necessarily debar you from working for LBA. Please give full details as appropriate or write "N/A" if not applicable.	
Do you have any relatives working for LBA? YES/ NO Please circle  If yes please state relatives name and relationship	

## SECTION 2: PERSONAL DETAILS

Please start with your present job and work backwards accounting for any gaps in your employment. It is a requirement of the company that you will need to provide a full 5 years referencing history. This must include a written explanation below of any gaps in your history of more than 28 days with a supporting gap referee who can be a friend (not a relative and not living at the same address), known to you for at least 2 years who can confirm what you were doing during this period.

Include details of any self employment, unemployment, military service and part time work. If you have been self employed you will be asked to provide details of your accountant and income tax office at the referencing stage of the selection process. If there is a period of unemployment, please give the address of the Unemployment Benefit Office to which you reported.

From:	Employers name, address & nature of address	Job title and principal responsibilities
To:		Reason for leaving Salary
From:	Employers name, address & nature of address	Job title and principal responsibilities
To:		Reason for leaving Salary
From:	Employers name, address & nature of address	Job title and principal responsibilities
To:		Reason for leaving Salary
From:	Employers name, address & nature of address	Job title and principal responsibilities
To:		Reason for leaving Salary
From:	Employers name, address & nature of address	Job title and principal responsibilities
To:		Reason for leaving Salary

### SECTION 3: JOB RELATED DEVELOPMENT ACTIVITIES

Give details of Training Activities relevant to this application.  
(Use separate sheet if necessary)

Title and Training Organisation	Length and Date of Training	Purpose of Training and Qualification if Appropriate

### SECTION 4: EDUCATIONAL / PROFESSIONAL QUALIFICATIONS

Give details of Educational background, including Secondary, Further and Higher and Professional Awards.  
(Use separate sheet if necessary)

Name of Educational Establishment	Subject Title	Dates (most recent first)	Exams taken and qualifications gained

Please give details of personal interest/ activities:

## SECTION 5: PERSONAL INTERESTS

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## SECTION 6: REFEREES

Please give names and full addresses of two people, not related to you, who will provide character references. One of these must be your present or most recent employer. Please note that referees will not be approached prior to your interview.

REFEREE 1

REFEREE 2

I can confirm that the above details accurately represent my employment history.

I give my permission for LBA, or any external consultancy acting on their behalf, to approach all referees given on this application form for references. This includes any educational establishments, government agencies and personal referees for verification of the information

Signed ..... Date.....

## SECTION 7: HEALTH DECLARATION

I am willing to undergo a medical examination if required and I declare that the information I provide on this form is correct to the best of my knowledge

Please answer YES/ NO on the following questions and give further details as appropriate:

	QUESTION	YES	NO
1	Do you have any physical or mental impairment that could be classed as a disability under the Equality Act 2010?		
2	Have you ever received disability compensation or a disability pension?		
3	Are there any medical reasons why you should not work shifts?		
4	Are you able to carry out strenuous physical work, including climbing ladders, working from scaffolding, bending, lifting and carrying?		
5	Have you ever had to give up a previous job for medical reasons?		
6	Have you ever been off work continuously for more than a month during the last five years for medical reasons?		
7	Have you ever had any operations requiring hospital admission for 5 or more days?		
8	Is your eyesight normal (with glasses if worn)?		
9	Is your hearing normal?		
10	Do you regularly take tablets or medicine? If so what do you take?		
11	Have you ever had any of the following medical conditions (Please show YES/ NO against each condition listed)		
	Diabetes		
	Tuberculosis		
	Angina		
	Any other heart trouble		
	Raised blood pressure		
	Peptic, gastric or duodenal ulcer		
	Indigestion for more than one week		
	Back trouble, lumbago, sciatica, slipped disc		
	Epilepsy, recurring blackout or fits		
	Bronchitis, asthma, pneumonia		
12	Do you suffer from any of the following (Please show YES/ NO against each condition listed)		
	Migraine or severe recurring headaches		
	Anxiety, depression or any other nervous complaint		
	Fainting attacks or giddiness		
	Ear trouble, discharge or infected ear		
	Kidney trouble or urinary infection		
13	If you answered YES to any of the questions 1 -12 above please give full details		
14	Have you ever had any other serious illnesses not recorded? If YES please give full details		
15	Have you consulted your GP or any other doctor about your health during the past 12 months? If YES please give full details		

I certify that the information given is true and accurate and that I have not withheld any facts which may affect my application. I accept that to withhold or falsify information could result in dismissal and termination of my employment by Leeds Bradford Airport.

Apart from any convictions I have disclosed on this form, I can confirm that I have never been convicted of any criminal offence other than any treated as spent under the provisions of the Rehabilitation of Offenders Act 1974.

I have not been dismissed from my employment for any misconduct.

I accept that I may be required to undergo a medical examination if required by the company and I agree to the results of such examination being given to the company.

I agree to a Criminal Records Check (CRC) being obtained from Disclosure Scotland to enable an Airport ID pass to be issued. In addition, I understand that an overseas CRC will be required for any country I have resided in for 6 months or more in the preceding 5 years.

I accept that the Civil Aviation Authority will carry out a Counter Terrorism Check (CTC) and my employment is conditional upon a satisfactory outcome of such check.

I understand the information provided will be kept in a secure place and used only for the purpose of recruitment selection.

Signed..... Date.....

Print Name.....

SECTION 8: DECLARATION

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**Thank you for your interest in Aviation Security at Leeds Bradford Airport**

**Please return the completed application to:**

**Sharon Smith  
Leeds Bradford Airport  
Leeds  
LS19 7 TU**



**Leeds Bradford<sup>®</sup>**  
Airport