

EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR:	
-----------------------	--

PERSONAL DETAILS

Title: (Please circle)	MR	MRS	MISS	MS	OTHER:		
Forename(s):							
Surname:							
Full Name at Birth: (If different to above)							
Telephone No:	Home:				Mobile:		
Current Address:							
	Post Code	:					
National Insurance N	Number:				Nationality:		
Are you legally entit	led to work	in the UK?				YES	NO
Are you over the age	e of 18?					YES	NO
Do you have any cri Rehabilitation of Off		-	-		ns under the	YES	NO
Do you hold a full clo	ean driving	license? (Ple	ease give detai	ils of any drivii	ng convictions)	YES	NO
Do you own a car?						YES	NO
Do you hold any oth	er driving li	cense (HGV	, motorcycl	e, etc) (If yes	s please give details)	YES	NO
Have you ever work	ed for the S	anctuary be	efore?			YES	NO
Do you have any pho	obias (spide	rs, rats, hei	ghts, needl	es, etc) (If ye	es please give details)	YES	NO

EDUCATION AND TRAINING

Secondary Education Details and Examinations Taken:	Qualifications/Results
Name/Address of Establishment:	
Further Education Details and Examinations Taken:	Qualifications/Results
Name/Address of Establishment:	
Any Other Exams/Training that may be Relevant to this Application:	Qualifications/Results

EMPLOYMENT DETAILS

Please give details of your past employment, starting with the most recent. Continue on a separate sheet if required.

Name and Address of Employer	Dates of Employment	Position Held and Main Duties	Reason for Leaving
Name and Address of Employer	Dates of Employment	Position Held and Main Duties	Reason for Leaving

Name and Address of Employer	Dates of Employment	Position Held and Main Duties		ason for eaving
Do you have any secondary employers, please give details:	oyment? (part t	ime, evenings, etc)?	YES	NO

REFERENCES

Please give the names of two people whom we may approach for a reference, one of which should be your current or most recent employer.

Can we approach your current employer before an offer of employment is made?		YES	NO	
Name:	Name:			
Position:	Position:			
Company Name/Address:	Company Name/Address:	Company Name/Address:		
Telephone Number:	Telephone Number:			

PERSONAL STATEMENT

Please provide details of your experience including any unpaid work and outside interests which are relevant
to the job, giving examples where appropriate:

OTHER DETAILS

How did you hear of this vacancy?				
If you have a disability, please tell us about any adjustments we may need to make if you are invited for interview:				
If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment?		NO		
I confirm 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 Sanctuary, for the purpose of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Sanctuary immediately of any changes to the above details.				
Signed:	Date:			