

EMPLOYMENT APPLICATION FORM



POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence. Page 7 will be detached before short-listing to ensure that applicants are selected for interview solely on the basis of details relevant to the post.

PERSONAL

(Please type or write replies in black ink and BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			

Private Tel. No:	Business Tel. No:
Mobile No:	Next of Kin:
National Insurance No.:	Address:

Full Driving Licence:	YES/NO	Do you have a Bank Account?	YES/NO
Endorsements:	YES/NO	Can you be employed in the UK	YES/NO
If YES, give dates:			
Are you involved in any activity that might limit your availability to work or your working hours e.g. local government?			YES/NO
If YES, please give full details:			
Are you subject to any restrictions or covenants that might restrict your working activities?			YES/NO
If YES, please give full details:			
Are you willing to work overtime and weekends if required?			YES/NO
Please give details of any hours which you would not wish to work:			
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?			YES/NO
If YES, please give full details:			
You may be required as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment?			YES/NO
Have you ever worked for Neighbourhood Networks before?			YES/NO
If YES, please give full details:			

Are you related to any person employed or supported by Neighbourhood Networks?	YES/NO
If YES, please give full details:	
Have you applied for employment with Neighbourhood Networks before?	YES/NO
How much notice are you required to give to your current employer?	

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.

Signature:	Date:
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REFERENCES

Please give the names of two 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:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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EQUAL OPPORTUNITIES

Neighbourhood Networks is committed to treating all applicants including those with disabilities fairly. Please advise if there are any particular arrangements that would have to be made to allow you to attend for interview or do the job.

EDUCATION

Secondary Schools attended	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	

Please give details of membership of any technical or professional associations.

Please list any other languages spoken and the level of competence.

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EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first. Please include details of relevant unpaid and voluntary work. (Please continue on a separate sheet if required):

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:			
Length of Service:	From:	To:	

