

APPLICATION FORM

Private and Confidential

Please complete the following using BLOCK CAPITALS & delete where applicable(*)

Position applied for: Full Time/Part Time*

NB *If sending a general application, please state area(s) you are interested in working in*

Name: Title: Mr/Mrs/Miss/Ms*

Address:

.....Postcode:

Telephone Numbers:

Daytime Evening Mobile

Email address:

National Insurance No:

Work history

Give details of your previous work history (including voluntary or unpaid work) beginning with the most recent post.
Continue on a separate sheet if necessary.

Name and address of employer	Dates from /to	Job title	Reason for leaving	Salary

How much notice do you have to give your current employer? weeks

Please describe your present appointment, indicating to whom you are responsible and who is responsible to you

What are your main responsibilities and activities?

(Use additional paper if necessary)

Education and qualifications

Please give the following details. Continue on a separate sheet if necessary.

School/college/university or other	Dates attended	Qualifications gained (including subject, grade and date obtained)

Other relevant information

Please give your reasons for applying and explain how your experience, skills and training are relevant to the post in question. Please provide any additional information that you feel is relevant to your application. Continue on a separate sheet if necessary.

Disability

Do you have any disabilities that might affect your application? *Yes / No

Please tell us if:

- a) there are any reasonable adjustments we can make to assist you in your application;
- b) there are any reasonable adjustments we can make to the job itself to help you carry it out.

Criminal convictions (Please note, you are not required to detail spent convictions)

Have you ever been convicted of a criminal offence? *Yes / No

If yes, please specify below

Have you any reason to believe that any prosecutions against you may be pending? *Yes / No

Have you been CRB checked (This is required if you will be working with children)? *Yes / No

Would you have any objection to being CRB checked? *Yes / No

References

Please provide details of employment references **This section must be completed**

Please indicate below to confirm that we can take up references and when:

Current Employer: *Yes / No *Immediately / On Acceptance of conditional offer

Past Employers: *Yes / No *Immediately / On Acceptance of conditional offer.

Current/last employer: Company Name: Position Held:

Contact Details For Reference:

Name: Job Title:

Address: Telephone Number:

Previous employer: Company Name: Position Held:

Contact Details For Reference:

Name: Job Title:

Address: Telephone Number:

Personal / character: Name: Profession:

Address:

Telephone Number: Relationship to you:

NATIONALITY / VISA DETAILS:		Yes	No		
Do you need a work permit to work in the UK?					
If "yes", do you currently hold a work permit?					
If "yes", please complete the following:					
Type	Status (e.g. applied/renewed)	Number	Duration	Start Date	Expiry Date

DRIVING LICENCE DETAILS:		Yes	No
Do you have a current UK driving licence?		<input type="checkbox"/>	<input type="checkbox"/>
If "yes", do you currently have any penalty points?		<input type="checkbox"/>	<input type="checkbox"/>
If "yes", please explain the reason given for the penalty points.			

DECLARATION:	
<p>I certify that the information contained on this form, or any attachments, are complete and accurate in all respects. I hereby authorise the Company or its agents to perform reference checks on my employment, verify the information I have provided, conduct comprehensive background investigations and to take up my personal references.</p> <p>I understand that all offers of employment are conditional upon satisfactory references and permission to work in the UK. I understand that any information obtained which may have precluded Rockliffe Hall Ltd. from making me an offer of employment may lead to withdrawal of the offer. If such a discovery is made after my employment commences, I understand that this may lead to disciplinary action or dismissal.</p> <p>I permit Rockliffe Hall Ltd. to record and store the information contained in this form and other information, obtained as part of the pre-employment formalities, in any safe and secure format necessary to facilitate its use, subject to the provisions of the 1988 Data Protection Act. I understand that the information may be passed to regulatory bodies, government agencies and other third parties as required by law or for Company administration purposes.</p>	
Signature:	
Name:	Date: