Dogt Applied for					
Post Applied for: Reference:					
Ati	k Can	neras L	td Job Applic	cation Fo	rm
Closing Date:			Interview Date:	TBA	
Please complete this fo considered.	orm fully usin	g black ink or typ	oe. Applications received after	the closing date wil	l not normally be
THE INFORM	ATION YO	OU SUPPLY OF	N THIS FORM WILL BE	TREATED IN C	ONFIDENCE.
Section 1	Pers	onal detai	ls		
Last Name:			First Name:		
Address:					
Postcode:				I w N I	T
Home Telephone №:			National Insurance Nº:	Letters Numbers	Letter
Daytime Telephone N	1 <sub>6</sub> :				
Mobile Telephone №	:		]		
E-mail address:			-		
Can we contact you a	t work?	Yes	No		
Are you free to remain UK with no current i			n the Yes	No	

Do you hold a full, clean driving licence valid in the UK?

**Driving Licence**.

## Section 2 Present Employment

Present Employment (If now unemployed give details of last employer) Name of Employer: Address: **Postcode: Post Title: Date of Appointment:** Salary: **Department / Section: Brief description of duties:** Continue on a separate sheet if necessary Last day of service **Period of Notice:** (if no longer employed): **Reason for leaving** (if no longer employed):

# **Section 3 Previous Employment**

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business

Name of Employer:	:
Address:	
	Postcode
Position Held:	From / To
Summary of duties	:
Reason for leaving:	
Name of Employer:	
Address:	
	Postcode
Position Held:	From / To
<b>Summary of duties</b>	:
Reason for leaving:	

Name of Employer:	
Address:	
	Postcode
Position Held:	From / To
Summary of duties:	
Reason for leaving:	
Name of Employer:	
Address:	
	Postcode
Position Held:	From / To
Summary of duties:	
<u> </u>	
Reason for leaving:	

#### **Section 4 Education**

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

## **Professional, Technical or Management Qualifications**

Please give details:

Professional/Technical/ Management Qualifications	Course Details			
Membership of any Professional / Technical Associations- Please state level of Membership:				
Fremoersmp of any Professionary Technical Associations Trease state level of Membersmp.				

Continue on a separate sheet if necessary

# **Section 5** Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	<b>Duration of Course</b>

Continue on a separate sheet if necessary

### **Section 6 Personal Statement**

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the post. If you are or have been involved in

### **Section 7 Disability Discrimination Act**

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application?  Yes	No
If yes, please give details:	
We will try to provide access, equipment or other practical support to ensure that peoper compete on equal terms with non-disabled people.	ple with disabilities can
Do we need to make any specific arrangements in order for you to attend the interview?	No
If yes, please give details:	
Section 8 Where did you hear about us.	
In order for us to optimize our recruitment in the future it is useful for us to understand whe the vacancy.	re applicants found out about
L	

### **Section 9 References**

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

	Reference 1			Reference 2	
Name:			Name:		
Position (job title):			Position (job title):		
Work Relationship:			Work Relationship:		
Organisation:			Organisation:		
Address:			Address:		
	Postcode			Postcode	
Telephone №:			Telephone №:		
E-mail:			E-mail:		
Are you willing f referee to be approprior to the interv	roached Yes	No	Are you willing for referee to be appropriate to the intervi-	oached Yes	No

# Section 10 Rehabilitation of Offenders Act (1974)

Do you have any offenders act 197	convictions that are unspent under the rehabil 4?	litation of Yes	No	
If yes, please give	details / dates of offence(s) and sentence:			
Section 11 Declaration				
I declare that the information given on this form is true and complete. I understand that any false information may result in disciplinary action or dismissal if appointed.				
Signed:		Date:		