

Post Applied for:

Artemis CCD Ltd Job Application Form

Closing Date:

Interview Date:

TBA

Please complete this form fully using black ink or type. Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N^o:

National Insurance N^o:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Can we contact you at work?

Yes

No

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes

No

Driving Licence.

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

Yes

No

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

Period of Notice:

Last day of service

(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

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

 /

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

 /

Summary of duties:

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:	

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	Duration of Course

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 voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

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. (See Guidance Notes).

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 people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview?

Yes

No

If yes, please give details:

Section 8 Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 10 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974? 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: