

STS APPLICATION FORM _SOURCE WEBSITE

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

If you require, for the reason of a disability, for this form to be resent to you so that you can fill it in more easily, or for it to be submitted in a different format please contact us. Examples are a format in Braille, large print or submission via tape recording. This will in no way be detrimental to your application.

1. APPLICATION FOR	
Position applied for	<input type="text"/>
Available to take up employment (date)	<input type="text"/>
Wage/salary required	£ <input type="text"/> per annum

2. PREPARED TO WORK					
Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Shift work	<input type="checkbox"/>

3. PERSONAL DETAILS					
Surname	<input type="text"/>	Forenames	<input type="text"/>		
Address	<input type="text"/>				
	Postcode: <input type="text"/>				
Height and weight	<input type="text"/>				
Telephone Numbers					
Private	<input type="text"/>	Web Page	<input type="text"/>		
Mobile	<input type="text"/>				
E-mail	<input type="text"/>				
Do you own a car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have a current driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Provisional	Yes <input type="checkbox"/> No <input type="checkbox"/>	Full	Yes <input type="checkbox"/> No <input type="checkbox"/>	HGV	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any current endorsements? (give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>				
<input type="text"/>					

4. HEALTH

Are you in good health? Yes No

Are there any disabilities which may affect your application? Yes No

Describe disabilities and

(a) any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job

(b) any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the job.

5. LANGUAGES

Do you speak or read a foreign language? (give details) Yes No

6. SECONDARY EDUCATION

School name/address	Dates		Examinations (subject/result, etc)
	From	To	

7. FURTHER EDUCATION AND TRAINING

University/College	Dates		Type of course	Subjects	Qualification or class of degree
	From	To			

8. OCCUPATIONAL QUALIFICATIONS

College/Institute or other name	Dates		Qualification/level
	From	To	

9. PREVIOUS EMPLOYMENT

(Please include details of your most recent employment here, and use the spaces below to give details of other employments, working backwards from the most recent.)

Present/previous employer	<input type="text"/>	
Reason for Leaving	<input type="text"/>	
Address	<input type="text"/>	
Starting date	<input type="text"/>	Leaving date <input type="text"/>
Starting pay	£ per wk/mth/annum	
Current / finishing pay	£ per wk/mth/annum	
Job title	<input type="text"/>	
Duties / responsibilities	<input type="text"/>	

Previous employer	<input type="text"/>	
Reason for Leaving	<input type="text"/>	
Address	<input type="text"/>	
Starting date	<input type="text"/>	Leaving date <input type="text"/>
Starting pay	£ per wk/mth/annum	
Finishing pay	£ per wk/mth/annum	
Job title	<input type="text"/>	
Duties / responsibilities	<input type="text"/>	

Previous employer	<input type="text"/>	
Reason for Leaving	<input type="text"/>	
Address	<input type="text"/>	
Starting date	<input type="text"/>	Leaving date <input type="text"/>
Starting pay	£ per wk/mth/annum	
Finishing pay	£ per wk/mth/annum	
Job title	<input type="text"/>	
Duties / responsibilities	<input type="text"/>	

Previous employer	<input type="text"/>	
Reason for Leaving	<input type="text"/>	
Address	<input type="text"/>	
Starting date	<input type="text"/>	Leaving date <input type="text"/>
Starting pay	£ per wk/mth/annum	
Finishing pay	£ per wk/mth/annum	
Job title	<input type="text"/>	
Duties / responsibilities	<input type="text"/>	

10. GENERAL

Interests / hobbies (Give details of pastimes, sports, etc)

Offices held in social / sports clubs, etc

Do you have any friends/relatives employed by STS? If so who?

Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974) Yes No

Membership of professional organisation(s)

Published papers, articles, monographs, etc (give details including dates)

If offered this position will you continue to work in any other capacity? (Give details) Yes No

11. WORK PERMITS

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? Yes No

If you are successful in your application would you require a work permit to work in the UK? Yes No

12. COMMUNITY/VOLUNTEER EXPERIENCE				
Name and address of organisation	Dates		Position/title	Duties
	From	To		

13. PERSONAL REFEREES	
Work reference - not members of your own family	
Name	<input type="text"/>
Address	<input type="text"/>
Organisation	<input type="text"/>
Occupation	<input type="text"/>
Telephone number	<input type="text"/>
Work, personal or educational	
Name	<input type="text"/>
Address	<input type="text"/>
Organisation	<input type="text"/>
Occupation	<input type="text"/>
Telephone no	<input type="text"/>

14. EMERGENCY CONTACT DETAILS	
If you wish to do so, please give details of next of kin or person who can be contacted in an emergency.	
Name	<input type="text"/>
Address	<input type="text"/>
Relationship	<input type="text"/>
Telephone numbers	<input type="text"/> (organisation) <input type="text"/> (home)

15. RECRUITMENT POLICY

It is the organisation's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex, sexual orientation, religion or belief or marital status or disability.

I authorise the organisation to obtain references to support this application once an offer has been made and accepted and release the organisation and referees from any liability caused by giving and receiving information.

Declaration I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature

Date

16. To be completed by line manager prior to handing in

Starting date

Job offered

Pay

Hours of work

Date of Birth

Payroll no

Recruitment source

NI no

P45 or P46

Yes No

Bank Account Number

Sort Code Number

Bank account Title

Bank Name and Address

References Requested

Driving license Copied

ADDITIONAL PERSONAL DETAILS

Applicants are requested to tick the relevant boxes below to enable the organisation to monitor its equal opportunity policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.

Male Female

Ethnic group

White – British White – Irish White – Other Mixed – White and Black Caribbean

Mixed – White and Black African Mixed – White and Asian

Mixed – Other Asian/Asian British – Indian

Asian/Asian British Pakistani Asian/Asian British Bangladeshi

Other Asian Background Black/Black British – Caribbean

Black/Black British – African Black/Black British – Other

Chinese Other (please specify)

National Insurance number