

# APPLICATION FOR EMPLOYMENT

PLEASE USE  
BLOCK  
CAPITALS



UNIT .....

POSITION .....

DAYS OF THE WEEK ..... HOURS OF WORK .....

SURNAME ..... ADDRESS .....

FORENAMES .....

MR / MRS / MISS / MS .....

MOBILE TEL. NO. .... HOME TEL NO. ....

E-MAIL ADDRESS .....

Have you ever applied for a position with the company in the past? ..... YES / NO

If Yes, Please Give Details .....

Are there any adjustments, which need to be made to enable you to attend an interview? ..... YES / NO

Do you hold a driving licence? ..... YES / NO

Details of any endorsements .....

Any job offer is subject to an enhanced CRB (Criminal Records Bureau) check, please advise of any convictions or cautions that you have, including those spent, as you maybe working with children:

CONVICTIONS	DATE

Are you eligible for employment in the UK? ..... YES / NO

If not a UK or European National please state your Work Permit No. ....

QUALIFICATIONS	DATE

PLEASE USE ADDITIONAL PAPER IF REQUIRED OR SUPPLY COPIES OF RELEVANT QUALIFICATIONS

**EMPLOYMENT RECORD**

DATE OF EMPLOYMENT	EMPLOYER	POSITION	SALARY	REASON FOR LEAVING

Briefly describe your present duties and responsibilities

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Do you consent to completing a medical questionnaire, which will be kept on your staff file for the length of your service..... YES / NO

Please give details of any medical condition or illness that could effect your work, which the Company should be aware of (E.G. Recurring back pain, epilepsy, asthma, eczema or any other skin complaint)

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Please give the names and addresses of two persons, for whom you have worked, from which references can be obtained

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Palmer & Howells Ltd is committed to safeguarding and promoting the welfare of children and applicants must be willing to undergo child protection screening appropriate to the post including checks with past employers and Criminal Records Bureau.

**Data Protection:**

If I accept employment with Palmer & Howells Ltd I consent to my personal information being held by the School for the administration of my Contract of Employment.

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS CORRECT.

SIGNATURE ..... DATE .....