

# EMPLOYMENT APPLICATION FORM

**POSITION APPLIED FOR:** Cleaner, Closing Date 20<sup>th</sup> September 2019

**Please complete the application and send with a handwritten letter explaining why you think you would be suitable for the post to Sheila Curtis, Practice Manager, at Three Rivers Veterinary Group, London Road, Beccles, NR34 9YU**

The following information will be treated in the strictest confidence.

## PERSONAL

(Please complete this section in BLOCK CAPITALS)

|  |                      |                |         |
|--|----------------------|----------------|---------|
| Surname:   |                      | First Name(s): |         |
| Address:   |                      |                |         |
|  |                      |                |         |
| Email :  |                      | Postcode:      |         |
| Contact Tel. No:   | Mobile Telephone No: |                |         |
| Full Driving Licence:  | YES/NO               | Endorsements:  | *YES/NO |
| * If YES, please give further details including dates.   |                      |                |         |
| Is your present post your sole regular employment?   |                      |                | YES/NO  |
| Are you a British subject or a national of any EU country?   |                      |                | YES/NO  |
| If not, do you have the right to work in the UK and a current work permit?   |                      |                | YES/NO  |
| If so, please state the expiry date of your right to work in the UK and/or your work permit:   |                      |                |         |
|  |                      |                |         |
| Please give details of any hours which you would not wish to work:   |                      |                |         |
| Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?  |                      |                | YES/NO  |
| If YES, please give full details   |                      |                |         |
| You may be required, if offered employment, as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment? |                      |                | YES/NO  |
| Have you ever worked for this Company before?  |                      |                | YES/NO  |
| If YES, please give full details   |                      |                |         |
| Have you applied for employment with this Company before?  |                      |                | YES/NO  |
| If YES, please give details  |                      |                |         |
| How much notice are you required to give to your current employer?   |                      |                |         |
| Do you have any holidays booked? If yes, please give dates:  |                      |                |         |

## EMPLOYMENT DETAILS

### PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

|   |       |     |  |
|---|-------|-----|--|
| Name of present or last employer:                 |       |     |  |
| Address :   |       |     |  |
| Telephone No:                                     |       |     |  |
| Nature of business:                               |       |     |  |
| Job title and a brief description of your duties: |       |     |  |
|   |       |     |  |
|   |       |     |  |
|   |       |     |  |
| Length of Service:                                | From: | To: |  |

Please give details of your previous employment, excluding your present or last employer, stating the most recent first.

| Name and address of employer | Dates | Position held/Main duties | Reason for leaving |
|------------------------------|-------|---------------------------|--------------------|
|                              |       |                           |                    |

## EDUCATION

|  |      |         |                          |
|--|------|---------|--------------------------|
| Schools attended since age 11  | From | To      | Examinations and Results |
|  |      |         |                          |
| College or University  | From | To      | Courses and Results      |
|  |      |         |                          |
| Further Formal Training  | From | To      | Diploma/Qualification    |
|  |      |         |                          |
| Job related Training Courses<br>Name of Organisation   | Date | Subject |                          |
|  |      |         |                          |
| Other relevant training, professional qualifications or work related skills (management, languages, shorthand, etc): |      |         |                          |
|  |      |         |                          |
| Are you undertaking any course of study at present? (if so, please give details)                                     |      |         |                          |
|  |      |         |                          |
| Do you have membership of any professional bodies? (if so, please give details, including any offices held)          |      |         |                          |
|  |      |         |                          |

**INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES** (e.g. hobbies, sports, club memberships)

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**SUPPLEMENTARY INFORMATION**

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

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**DECLARATION**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

**REFERENCES**

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

|           |           |
|-----------|-----------|
| Name:     | Name:     |
| Position: | Position: |
| Address:  | Address:  |
|           |           |
| Tel. No:  | Tel. No:  |
| Email:    | Email:    |

**SOURCE OF APPLICATION**

How did you hear of this vacancy?

|  |
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|--|