EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR:

Receptionist, Closing Date 23rd March 2021

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	e(s):				
Address:								
Email :						Postcode	э:	
Contact Tel. N	lo:		Mobile Tele	ephone N	lo:			
Full Driving Lic	cence:	YES/NO	Endorsem	ents:				*YES/NO
* If YES, pleas	* If YES, please give further details including dates.						•	
Is your preser	nt post your sole	regular employment?						YES/NO
Are you a Brit	tish subject or a r	national of any EU country?						YES/NO
If not, do you	have the right to	work in the UK and a curren	t work perm	nit?				YES/NO
If so, please state the expiry date of your right to work in the UK and/or your work permit:								
Please give de	etails of any hour	s which you would not wish t	to work:					
Have you any Act 1974)?	convictions (oth	er than spent convictions ur	nder the Rel	habilitatio	n of O	ffenders		YES/NO
If YES, please	give full details					1		
	Medical Question	ed employment, as part of y naire. Are you prepared to u						YES/NO
Have you ever	r worked for this	Company before?						YES/NO
If YES, please	give full details							
Have you app	lied for employm	ent with this Company before	∋?					YES/NO
If YES, please	give details							
How much not	tice are you requ	ired to give to your current e	mployer?					
Do you have a	ny holidays bool	ked? If yes, please give date	es:					

EMPLOYMENT DETAILS

PRESENT OR LAST EMPLOYER

Are you currently emp	oloyed?	YES/NO			
Name of present or I	ast employer:				
Address :					
Telephone No:					
Nature of business:					
Job title and a brief of	lescription of your	duties:			
Length of Service:	From:		To:		
Please give details of	your previous emp	oloyment, excludi	ng your present or la	st employer, stati	ing the most recent first.
Name and addres	ss of employer	Dates	Position held/N	Main duties	Reason for leaving

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	То	Courses and Results
		_	Di 1 (0 11/1 11
Further Formal Training	From	То	Diploma/Qualification
Librariata I Tari'ria Orana	Data		O Livet
Job related Training Courses	Date		Subject
Name of Organisation			
Other relevant training professional qualification	no or work re	Noted akilla (n	management languages shorthand stall
Other relevant training, professional qualification	I WOLK LE	nateu skilis (f	nanagement, languages, shorthand, etc):
Are you undertaking any course of study at pre	sent? (if so, p	olease give d	etails)
Do you have membership of any professional b	odies? (if so	, please give	details, including any offices held)

support your application, e.g. past achievements, future aspirations
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s complete and accurate. I understand that any false information yment or may render me liable to summary dismissal
ence by the Company, for the purposes of assessing this application in compliance with the Data Protection (where applicable) in compliance with the Data Protection
Date:
nich should be your present or most recent employer) whom we m
n offer of employment is made? YES/NO
Name:
Position:
Address:
Tel. No:
Email:
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