



**AGE UK BROMSGROVE, REDDITCH AND WYRE FOREST**

**Application for Employment**

**Private and Confidential**

Position applied for: \_\_\_\_\_

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

N.I. Number: \_\_\_\_\_

Tel. (Home): \_\_\_\_\_ Tel. (Mobile): \_\_\_\_\_

**Current Driving Licence?**

Yes: \_\_\_ No: \_\_\_ Groups: \_\_\_\_\_ Expiry Date: \_\_/\_\_/\_\_

Details of endorsements: \_\_\_\_\_

**Are there any Restrictions on you taking up Employment in the UK?**

Yes: \_\_\_ No: \_\_\_

(If YES, please provide details): \_\_\_\_\_

\_\_\_\_\_

**Employment History:** (please complete in full and use a separate sheet if necessary)

Name of current/most recent Employer:  Address:  Telephone no:	Job Title:  Brief Description of Duties:  Date started:
Dates started: __/__/__ Date finished: __/__/__ Reason for Leaving:	Rate of Pay: Notice Required:

Name of current/most recent Employer:  Address:  Telephone no:	Job Title:  Brief Description of Duties:  Date started:
Dates started: __/__/__ Date finished: __/__/__ Reason for Leaving:	Rate of Pay: Notice Required:

Name of current/most recent Employer:  Address:  Telephone no:	Job Title:  Brief Description of Duties:  Date started:
Dates started: __/__/__ Date finished: __/__/__ Reason for Leaving:	Rate of Pay: Notice Required:

## Education

Schools/Colleges/University	Qualifications Gained

### Current membership of professional bodies (e.g. CIPD)

Please note any professional bodies you are a member of or are registered with:

\_\_\_\_\_

### Other Employment

Please note any other employment that you would continue if you were successful in obtaining this position.

\_\_\_\_\_

### Leisure

Please note here your leisure interests, sports and hobbies, other pastimes etc.

\_\_\_\_\_

\_\_\_\_\_

### References

Please note here the names and addresses of two persons from whom we may obtain both character and work experience reference.

Name 1:	Name 2
Position:	Position:
Address:	Address:
Postcode:	Postcode:
Telephone	Telephone:
Email:	Email:
May we approach the above prior to interview? Yes: ___ No: ___	May we approach the above prior to interview? Yes: ___ No: ___

**Additional Information;**

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).

### Rehabilitation of Offenders Act 1974

Have you ever received a caution or been convicted by a court of any offence?  Yes  No

If yes, please give details below including date, court and nature of offence:

A Disclosure & Barring certificate will be required from the successful applicant where the vacant post is eligible under the Rehabilitation of Offenders Act. Convictions will not necessarily be a bar to obtaining a post.

### Declaration (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure & Barring Service/Disclosure Scotland for a Disclosure & Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: \_\_\_\_\_ Date: \_\_/\_\_/\_\_