



Application for Employment

Delta House,
Pilgrims Way,
Bede Industrial Estate,
Jarrow,
Tyne & Wear,
NE32 3HG

Tel: 0191 430 1900
Fax: 0191 430 1915

PART 1

Full Name of Applicant: _____

Position Applied For: _____

Address: _____ Previous Address: _____

Tel no: _____ Contact No: _____

How Long at this Address: _____ How Long at Previous Address: _____

National Insurance Number _____/_____/_____/_____/_____

PART 2

Have you ever been convicted of any criminal offence? YES/NO

If "YES" please give full details _____

Have you any court cases pending? YES/NO

If "YES" please give full details _____

Have you any outstanding County Court Judgements against you YES/NO

If "YES" please give full details _____

Signed: _____ Date: _____

Disclosure will be requested in the event of the individual being offered the position.

Application for Employment

PART 4

MEDICAL AND DESCRIPTIVE QUESTIONNAIRE

Person to be informed in the event of an emergency.

Name: _____

Address: _____

Tel no: _____

MEDICAL QUESTIONNAIRE

Do you have any medical condition that we need to be aware of that may affect your health, safety or welfare in the job role applied for?

Please provide details: _____

PHYSICAL DESCRIPTION

Height: _____ Weight: _____ Eyes: _____

Collar Size: _____ Waist: _____ Chest: _____

Inside Leg: _____ Marks/Scars/Tattoos: _____

PART 5

NUMERACY AND LITERACY

Please indicate which you think is the correct spelling of the following words:-

- | | | |
|------------------|----------------|------------------|
| 1. A) nessecary | 2. A) elephant | 3. A) susspissus |
| B) necessary | B) ellefunt | B) succipious |
| C) necesery | C) ellephant | C) suspicious |
| 4. A) scientific | 5. A) garding | 6. A) furtuvly |
| B) scientiphic | B) gaurding | B) furtively |
| C) sceintific | C) guarding | C) furtiveley |

Please enter the answers to the following simple arithmetic problems in the spaces provided:-

- | | | |
|---------------------|---------------------------|-------------------------------|
| 1. $8 \times 7 =$ | 4. $6 + 29 =$ | 7. $(18 + 7) \times 4 =$ |
| 2. $12 \times 11 =$ | 5. $(23 - 8) \times 3 =$ | 8. $\frac{(13 + 9) - 1}{7} =$ |
| 3. $9 \times 8 =$ | 6. $(17 + 13) \times 4 =$ | |

PART 6

APPLICANTS DECLARATION

I hereby declare that the information given by me in the above application for employment is correct to the best of my knowledge and belief. I also understand that I shall render myself liable to prosecution and/or dismissal if I have stated anything in it which I know to be false or do not believe to be true.

Name: (Please Print) _____ Signed: _____ Date: _____

NOTES ON FIRST INTERVIEW

Interview Criteria	
Appearance	
Build	
Experience	
Flexibility	
Attitude	
Qualifications	
Driving Licence	
General Comments	

INTERVIEWED BY:

DATE:

NOTES ON SUBSEQUENT INTERVIEW

INTERVIEWED BY:

DATE:

START: YES/NO

NUMBER:

START DATE:

THREE MONTHS PROBATIONARY ASESMENT

INTERVIEWED BY:

DATE:

CONTRACT ISSUED: YES/NO

SECURITY SCREENING AUTHORISATION EMPLOYMENT VERIFICATION

Please read this carefully before signing this application form.

I understand that employment within the Company is subject to satisfactory references and security screening in accordance with BS 7858.

I undertake to cooperate with the Company in providing any additional information required to meet these criteria;

I authorise the Company and/or its nominated agent to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided is correct.

I authorise the Company to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies.

I understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records.

I consent to the Company's reasonable processing of any sensitive personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Company. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to the Company. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment.

I hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct.

I understand that any false statement or omission to the Company or its representatives may render me liable to dismissal without notice.

SIGNATURE:

PRINT NAME:

DATE:

File Copy: Personnel File Retention Period 3 years post-employment