

APPLICATION FOR EMPLOYMENT

Position Applied For:			
Full Name (Mr/Mrs/Miss/M	<i>Is</i>):		
Previous/Maiden Name(s):			
Current Address:			
Phone No:		(H)	(M)
Previous Addresses: List all addresses in last 10 years	1		
	Use a separate sheet, if necessary		
Date of Birth:		Place of Birth:	
National Insurance No:		Nationality:	
Do you have a clean Driving Licence? (Please enclose a copy of all sections of your licence)		Yes/No	
Have you had any criminal convictions: (If yes, please provide details)		Yes/No	
Do you have any Unsatisfied County Court Judgements? (If yes, please provide details)		Yes/No	
Are you prepared to provide a police history, if required?		Yes/No	

Notes to applicant: The information requested in this form is for the sole purpose of conducting a background investigation and is a requirement for all positions. Full history must be verified with regard to employment, education, residency, credit files and criminal records. The existence of a prior criminal record will not necessarily make you ineligible for employment. It is our policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, employment history and the time, nature and job-relatedness of the offence. The information on this form, along with the final report, will be treated in the strictest confidence and with respect. Information regarding age, sex, race, religion, national origin and disability will not be a factor in any employment decision including, but not limited to, evaluation, promotion or termination.

PLEASE COMPLETE THIS FORM IN FULL TO PREVENT YOUR APPLICATION BEING DELAYED.

EMPLOYMENT HISTORY

(Please provide details of employment for past 10 years, starting with the most recent. Use a separate sheet if necessary explaining any gaps in employment)

Current Employer:	Position Held:		
If you do not wish contact to be made with your present employer, please type "Do not contact" after company name details.	Company Name:Address:		
	Post Code:	Talanhana:	
	Contact:	Position:	
Dates Employed:	From:	To:	
(If known)	*Full/Part Time (*please delete) Leaving Salary:		
Past Employer:	Position Held:		
	Company Name:		
	Address:		
	Post Code:	Telephone:	
	Contact:	Position:	
Dates Employed:	From:	To:	
Employee No: (<i>If known</i>) Reason for leaving:	*Full/Part Time (*please delete) Leaving Salary:		
(Please explain on a separate sheet if y			
Past Employer:	Position Held:		
	Company Name:		
	Address:		
	Post Code:	Telephone:	
	Contact:	Position:	
Dates Employed:	From:	To:	
Employee No: (<i>If known</i>) Reason for leaving:	*Full/Part Time (*please delete)	Leaving Salary:	

(Please explain on a separate sheet if you wish)

Past Employer:	Position Held:		
	Company Name:		
	Address:		
	Post Code:	Telephone:	
	Contact:	Position:	
Dates Employed:	From:	To:	
(If known)		Leaving Salary:	
(Please explain on a separate sh	eet if you wish)		
Past Employer:	Position Held:		
	Company Name:		
	Address:		
	Post Code:	Telephone:	
	Contact:	Position:	
Dates Employed:	From:	To:	
(<i>If known</i>) Reason for leaving:		Leaving Salary:	
(Please explain on a separate sh	eei ij you wish)		

Please use this space to explain any gaps in employment history:

EDUCATION (Please provide copies of all certificates ear	ned)
University/College: (post "A" level)	
Address:	
Campus: (if different from above)	
Telephone:	Contact:
Dates attended:	
Date graduated:	
Qualification(s) earned:	
School/College: (to age 18)	
Address:	
Telephone:	Contact:
Dates attended:	
Qualification(s) earned:	
Professional	
Address:	
nuicss.	
Telephone:	Contact:
Dates attended:	Connet
Qualification(s) earned:	
Quanneauon(s) cameu.	

Thank you for completing this application form. The details provided will be verified by an independent referencing agency. Any subsequent offer of employment will be dependent upon receipt of satisfactory information. We reserve the right to withdraw any offer, upon receipt of unsatisfactory references.

You may request a copy of the completed report upon payment of a fee from European Background, Telephone: 01730 829 202, Fax: 01730 829 589.

I have read and understood the conditions set out above, and I authorise the instruction of an agent to verify the information provided, and to reasonably investigate any of the relevant details that may arise as a result of such checks.

(Applicant) Please sign and print name

Date

Please check that you have completed all sections of this form and enclosed any additional sheets marked with your name.