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## APPLICATION FOR EMPLOYMENT

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| --- | --- | --- | --- |
| Title of post applied for: |       | Job Ref: |       |

Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type.

### Confidential

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| **1. PERSONAL DETAILS** (BLOCK CAPITALS PLEASE)

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| --- | --- | --- | --- |
| Surname:  |       | Initials:  |       |
| Former surnames if different: |       | Preferred Name orTitle (Optional):  |       |
| Address:      | Tel No (home):  |       |
| Tel No (business): |       |
|       | Tel No (mobile): |       |
| <Town> | <Post Code> | Fax No: |       |
| E-Mail address: |       | Nat. Insurance No: |       |
| Nationality:  |       | If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit. |
| Do you need a work permit to be employed in the UK? | [ ]  Yes [ ]  No | If you already have a work permit, when does it expire?       (Please note that your current work permit may not be valid for this post.) |
| Where did you learn of the post? |       |

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| **2. EDUCATION AND PROFESSIONAL QUALIFICATIONS** (Original documents as proof of qualification will be required at interview.)

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| --- | --- | --- |
| Secondary School / College / University | Examinations taken | Result |
|
|       |       |       |
|       |       |       |
|       |       |       |
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| Professional Qualifications currently held: how obtained and grade:       |

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| Other relevant Educational or Training Courses:      |

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| **3. PRESENT POST**

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Post:  |       | Salary/Grade:  |       |
| Name of Employer:  |       | Business of Employer:  |       |
| Address:      | Date Commenced:  |       |
| Date Ended (if applicable): |       |
|       |  |  |
| <Town> | <Post Code> |  |  |
| Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable):      |
| Reason for leaving or wishing to leave: |       |
| Period of notice required to terminate present employment: |       |
| Please notify us of any dates you are available for interview:      |

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| **4. PREVIOUS EMPLOYMENT**(Please use continuation sheet if necessary.)

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| --- | --- | --- | --- |
| Name and Address of Employers | Position(s) held | Reason for leaving | Final grade/salary |
| <Name of Employer><Address 1><Address 2><Address 3><Post Code> |       |       |       |
| Description of duties:      |
|  |
| <Name of Employer><Address 1><Address 2><Address 3><Post Code> |       |       |       |
| Description of duties:      |
|  |
| <Name of Employer><Address 1><Address 2><Address 3><Post Code> |       |       |       |
| Description of duties:      |
|  |
| <Name of Employer><Address 1><Address 2><Address 3><Post Code> |       |       |       |
| Description of duties:      |
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| **5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB**      |

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| **6. OTHER INFORMATION**

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| What activities outside work interest you? (State any positions held you consider relevant.)      |
| Do you hold a current driving licence? | [ ]  Yes [ ]  No | Do you have access to a car?  | [ ]  Yes [ ]  No |

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| Disabilities |
| If selected for interview, do you require any special arrangements to be made on account of a disability?  | [ ]  Yes [ ]  No |
| If “yes”, please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfill our obligations under the Equality Act 2010:       |

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| **7. REFERENCES**

|  |  |
| --- | --- |
| Referee 1 | Referee 2 |
| Title (Mr, Mrs etc):  |       | Title (Mr, Mrs etc):  |       |
| Full Name:  |       | Full Name:  |       |
| Job Title:  |       | Job Title:  |       |
| Organisation:  |       | Organisation:  |       |
| Address:      | Address:      |
|       |       |
| <Town> | <Post Code> | <Town> | <Post Code> |
| Tel No:  |       | Tel No:  |       |
| E-mail address:  |       | E-mail address:  |       |
| Fax No:  |       | Fax No:  |       |
| Please state if we may obtain this reference prior to interview. | [ ]  Yes [ ]  No | Please state if we may obtain this reference prior to interview. | [ ]  Yes[ ]  No |

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| **8. DECLARATION**

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| I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. |
| Signature:  |  | Date:  |       |
| Name:  |       |  |
| The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment. |

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Return to: marilyn.preston@vapormatt.co.uk