Application form for employment

Personal information (confidential)

Position applied for:

Title:

Name:

Address:

Email:

Telephone (landline):

Telephone (mobile):

National Insurance No:

Do you hold a current driving licence?

Are you eligible to work in the UK?

If yes, do you have a Right to Work?

**Employment History**

Please provide an overview of your present or latest job role, along with a brief description of up to four prior positions you have held.

1.

Employer:

Job Title:

Main Duties:

Start and End dates:

Reason for leaving:

2.

Employer:

Job Title:

Main Duties:

Start and End dates:

Reason for leaving:

3.

Employer:

Job Title:

Main Duties:

Start and End dates:

Reason for leaving:

4.

Employer:

Job Title:

Main Duties:

Start and End dates:

Reason for leaving:

**Education and Qualifications**

Provide details of education attended and qualifications obtained including dates completed.

**Personal Development**

Give details of any courses, memberships, voluntary work or responsibilities you have obtained that you consider relevant.

**Supporting Statement**

In no more than one page, please tell us why you applied for this job and why you think you are the best person for the job.

**References**

Please note here the names, company name (where applicable) and addresses and email addresses of two persons from whom we may obtain both work and character references.

1.

Name:

Address:

Email Address:

How is the applicant known to you:

2.

Name:

Address:

Email Address:

How is the applicant known to you:

Date available to start work or notice period required:

**Declaration**

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 offered. I understand that any offer of employment is subject to Vision Norfolk being satisfied with the results of a series of relevant checks including references, eligibility to work in the UK, criminal convictions and the probationary period.

**Signed/dated**

Signature:

Print Name:

Date: