APPLICATION FORM

(REGULATED ACTIVITIES ONLY)

POSITION APPLIED FOR:		
The following information will be	treated in the strictest confide	nce.
Personal (Please complete this sec	etion in BLOCK CAPITALS)	
Surname:		
First name:		
Address:		
Postcode:		
Home telephone number:		
Mobile telephone number:		
Full Driving Licence: Yes / No If YES, please give further details including dates:	Endorsements:	Yes / No
Are you involved in any activity which might hours e.g., local government? If YES, please give full details: Are you subject to any restrictions or covenant		Yes / No
If YES, please give full details: Are you willing to work overtime and weekends	a if required?	Yes / No
Please give details of any hours which you would not wish	•	res / No
It is a criminal offence for barred individuals to in a regulated activity. Are you on a barred list		lnerable adults Yes / No
Have you any convictions, including both Rehabilitation of Offenders Act 1974? (A copy and Disclosure and Disclosure Information Pockby CRB/Disclosure Scotland Codes of Practice)	y of the Company's Equal Oppo	rtunities Policy
If YES, please give full details: If offered employment, you will be required to proposed to undergo a medical examination be		naire. Are you
prepared to undergo a medical examination be	note starting employment?	Yes / No

Have you ever worked for this Corlf YES, please give full details:	Yes / No		
Have you applied for employment	with this bus	iness before	? Yes / No
Do you need a work permit to take	up employn	nent in the U	.K.? Yes / No
How much notice are you required	I to give to yo	our current e	mployer?
Education			
Schools attended since age 11	From	То	Examinations and Results
College or University	From	То	Courses and Results
Earth on Earth Track in a	F	- -	Dialous (O. alifastias
Further Formal Training	From	То	Diploma/Qualification
Job related Training Courses	Date	Subject	
Name of Organisation			
Please give details of membership	of any techi	nical or profe	essional associations:
Please list languages spoken and	the level of o	competence:	

Employment Details

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

Present or Last Employer

Are you currently employed?	Yes / N	0
Name of present or last employer:		
Address:		
Telephone number:		
Nature of business:		
Job title & brief description of duties:		
Reason for leaving:		
Length of service:	From: To:	

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Supplementary Informat Please set out below any further info	ion promation to support your application
(e.g. past achievements, future aspi	
Declaration	
any false information or deliberate render me liable to summary dismis by the Company, for the purpo	in this form is complete and accurate. I understand that e omissions will disqualify me from employment or may sal. I understand these details will be held in confidence ses of ongoing personnel administration and payroll the Data Protection Act 1998. I undertake to notify the less to the above details.
	which I have applied, I understand that any offer of ormation on my criminal record being disclosed to the
Company by the Criminal Records E the Company's Equal Opportuniti	Bureau / Disclosure Scotland. I have been given a copy of
Company by the Criminal Records E the Company's Equal Opportuniting recruitment of ex-offenders.	Bureau / Disclosure Scotland. I have been given a copy of ies Policy, which includes information relating to the
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