

Employment history: (please complete in full and use a separate sheet if necessary)

From _____ To _____ Reason for leaving _____

Name and Address _____

Job Title _____

Duties _____

From _____ To _____ Reason for leaving _____

Name and Address _____

Job Title _____

Duties _____

From _____ To _____ Reason for leaving _____

Name and Address _____

Job Title _____

Duties _____

From _____ To _____ Reason for leaving _____

Name and Address _____

Job Title _____

Duties _____

Other employment Please note any other employment that you would continue with if you were to be successful in obtaining this position.

References Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

1. _____ 2. _____

Criminal record Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state.

Declaration (Please read this carefully before signing this application)

1. 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 contract.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organization reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that the information will be processed in accordance with the Data Protection Act.

Signed: _____ Date: _____