

Form AP2

Job Application Form

Position applying for:

Employee details

Title	Forename(s)		Surname	
Address				
Date of birth		Phone no.		
Email		NI No.		
Current driving licence? Yes □ No □		Details of any endorsements		
Groups:				
Expiry Date:				
Are there any restrictions on you taking up employment in the UK? Yes \(\subseteq\) No \(\subseteq\) (If yes, please provide details)				
Education histo	ory			
Schools		Qualifications gained		
Colleges/Universities		Qualifications gained		









Other train	ning received			
Other em	nployment			
Please not position (if		nt you would continue with if	you were to be succ	cessful in obtaining this
Employm	nent history			
(Please com	nplete in full and use a s	eparate sheet if necessary)		
From - to	Name and address of	Job title and duties	Start/finish	Reason for leaving

From - to	Name and address of employer	Job title and duties	Start/finish salary	Reason for leaving









From - to	Name and address of employer	Job title and duties		Start/finish salary	Reason for leaving
Notice rec	quired in current post:				
Referenc	es				
	te here the names and a and work experience re		sons from	whom the comp	any may obtain both
1.			2.		
_eisure					
Please no	te here your leisure inte	erests, sports and ho	bbies, othe	r pastimes etc.	









Criminal record

one please state. In certain circumstances employment is dependent upon obtaining a satisfactory of disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.
e disclosure from the eminial necords bureau/scottish eminial necords office.
eral comments
ase detail here your specific reasons for this application, your main achievements to date and the ngths you would bring to this post







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 offered.
- 2. I agree that the organisation reserves the right to require me to undergo a medical examination. (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 this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
- 3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.	
igned:	
ate:	

Once completed please return this form to:

Barry Coles FCCA barry-private@greenaccountancy.com





