

Application Form

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Title:		Last Name:	
First Names:			
Address:			
Postcode:			
Home Telephone Number:			
Mobile Telephone Number:			
E-mail address:			
Are you eligible to work in the UK?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you hold a full UK driving license and have access to a car?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Section 2 Rehabilitation of Offenders Act

Have you ever been convicted of a criminal offence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you any prosecutions pending?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details / dates of offence(s) and sentence:				

Section 3 Health

Number of days absent in the last 2 years:	
Please state number of times in the last 2 years:	
Do you have any mobility or communications requirements that we might need to be aware of at interview:	

Section 4 Education and training

Date	Name of school / provider	Examinations / training undertaken and Qualifications gained

Section 5 Employment Record

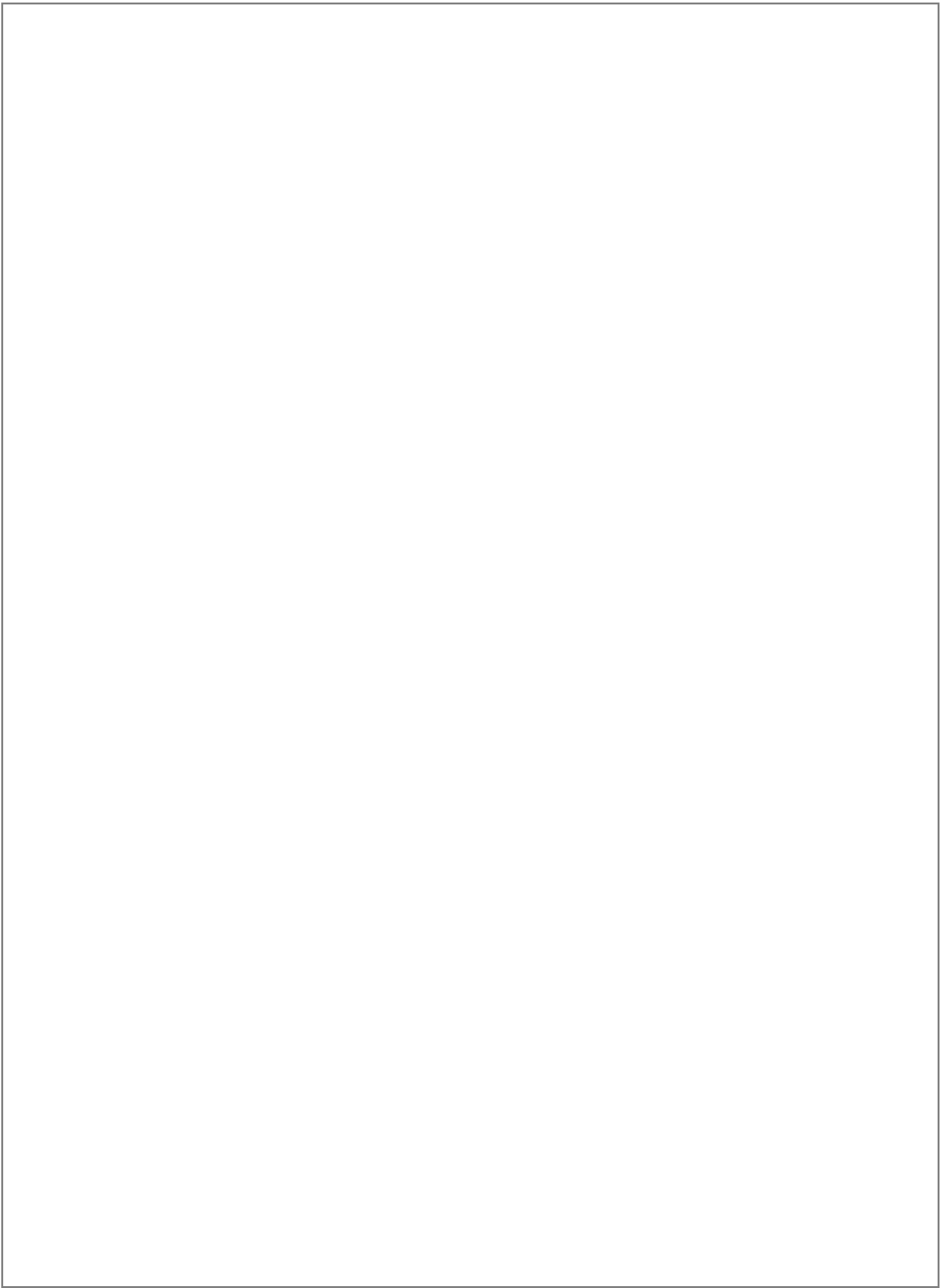
Please list chronologically, starting with current or last employer

Name and Address of Employer	Date From:	Date To:	Job Title/Job Function/ Responsibilities:	Salary and Reason for Leaving

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Section 6 Personal Statement

Please tell us, in under 500 words, why you're interested in this position and what knowledge, skills and attributes you'd bring to the job:



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Section 7 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. (NB. References will only be taken if you commence employment with us)

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Their Position (job title):	<input type="text"/>	Their Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Dates Employed:	From: <input type="text"/> To: <input type="text"/>	Dates Employed:	From: <input type="text"/> To: <input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone N ^o :	<input type="text"/>	Telephone N ^o :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Section 8 Declaration

I confirm that the information provided in this application form is truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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ABO undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the UK Data Protection Act 1998.

