

EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
			Postcode:

Start Date	
------------	--

Contact Tel No.		Mobile Tel No.	
-----------------	--	----------------	--

Full Driving Licence:	YES / NO	Endorsements:	*YES / NO
*If YES, please give details			

Are you involved in any activity which might limit your availability to work or your working hours e.g., local government	YES / NO
If YES, please give full details.	
Are you subject to any restrictions or covenants which might restrict your working activities	YES / NO
If YES, please give full details	
Are you willing to work overtime and weekends if required?	YES / NO
Please give details of any hours which you would not wish to work:	
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?	YES / NO
If YES, please give full details	
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?	YES / NO
Have you ever worked for this business before?	YES / NO
If YES, please give full details	
Have you applied for employment with this business before?	YES / NO
Do you need a work permit to take up employment in the UK?	YES / NO
How much notice are you required to give to your current employer?	

EDUCATION

School attended since age 11	From	To	Examinations and Results
College or University	From	To	Course and Result
Further Formal Training	From	To	Diploma /Qualification
Job related Training Course Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list languages spoken and the level of competence:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, starting 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 / NO

Name of present or last employer:			
Address:			
Telephone No:			
Nature of business:			
Job title and a brief description of your duties:			
Reason for Leaving:			
Length of Service:	From:	To:	

Newquay Zoological and Environmental Park