

APPLICATION FOR EMPLOYMENT



PRIVATE AND CONFIDENTIAL

Return this form to: Robert Norman, Transair Flight Equipment,
Shoreham Airport, Shoreham-by-sea, West Sussex BN43 5PA

Ref. No _____

Where did you see this vacancy _____

POSITION APPLIED FOR _____

Surname		Forename(s)		Title
Address				
Date of birth		Telephone number		
Current Driving License?	Yes/No Groups Expiry Date	Details of endorsements (if any)		

EDUCATION HISTORY

Schools	Qualifications gained
Colleges/Universities	Qualifications gained
Other training	
Registration/PIN number (If applicable)	

EMPLOYMENT HISTORY

FROM - TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH SALARY	REASON FOR LEAVING

Notice required in current 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
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OTHER EMPLOYMENT

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

LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

REHABILITATION OF OFFENDERS ACT 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of certain services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following question should include and "spent" convictions.

Have you ever been convicted of a criminal offense? YES/NO

If YES, please give details

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

HEALTH DETAILS

Are you disabled YES/NO. If YES, please give details and specify any special needs in relation to your disability.

Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list any absences from work in the past 12 months and the reasons for such absences.

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).

Signed

Date

FOR OFFICE USE ONLY

First interview date and notes:

Second interview date and notes:

Offer letter: Y/N

Rejection letter: Y/N

Acceptance: Y/N

References: Y/N

Medical: Y/N

PASS TO ADMIN:

DEAD FILE?NEW FILE