

THE TRAVELLERS CHOICE * APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL

Please Complete in BLOCK CAPITALS

APPLICANT REFERENCE NO:	
POSITION APPLIED FOR:	
HOW DID YOU HEAR OF THIS VACANCY:	

A. PERSONAL PARTICULARS

FULL NAME: MR/MISS/MS/MRS	
ADDRESS:	TELEPHONE NUMBER: (Including STD Code) HOME: BUSINESS: Tick box if you do not want to be contacted at work <input type="checkbox"/>
DATE OF BIRTH: AGE:	DO YOU NEED A WORK PERMIT TO TAKE UP EMPLOYMENT IN THE UK? YES/NO DETAIL:
N.I. NUMBER:	

B. EDUCATION AND QUALIFICATIONS Please give details of examinations attempted and results (including any examinations failed).

NAME(S) & ADDRESS(ES) OF SCHOOL(S) & COLLEGE(S) ATTENDED	DATES		SUBJECT/COURSES STUDIED & LEVEL	EXAMINATION RESULT/GRADE (Including examinations failed)
	FROM	TO		

C. FURTHER & HIGHER EDUCATION Please give details of all further and higher education since leaving school, including training courses and details of qualifications.

UNIVERSITY/COLLEGE/ INSTITUTE ATTENDED	DATES		SUBJECTS STUDIED TYPE OF TRAINING	QUALIFICATIONS RECEIVED
	FROM	TO		

D. EXPERIENCE Please give details of your past employment and experience.

PREVIOUS EMPLOYMENT	DATES		EXPERIENCE
	FROM	TO	

E. REFERENCES

PLEASE GIVE THE NAMES AND ADDRESSES OF TWO REFEREES WHO ARE NOT RELATED TO YOU, WHO WE CAN APPROACH FOR A CONFIDENTIAL ASSESSMENT OF YOUR SUITABILITY FOR THIS JOB (One of these must normally be a previous employer).

Can We Approach Your Present/Most Recent Employer? YES/NO

NAME, POSITION, ADDRESS & TELEPHONE NO:	NAME, POSITION, ADDRESS & TELEPHONE NO:

Do you wish your employer to be contacted before an offer of employment is made? YES/NO

DECLARATION OF APPLICANT

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

Signed: _____ Dated: _____

FOR OFFICE USE ONLY

INTERVIEW RECORD

INTERVIEWED BY:	DATE:		
Comments/Areas to examine:			
DECISION:	REJECT	FURTHER INTERVIEW	ACCEPT
INTERVIEWERS REPORT & REASONS FOR DECISION:			
Rejection letter sent: YES/NO			

APPOINTMENT RECORD: (To be completed where there has been an offer of employment)

CONDITIONAL OFFER LETTER: Date Sent: Response: Acceptance/Refusal/No Reply:	REQUEST FOR REFERENCES: Date Sent: Response: Good/Satisfactory/No Reply/Suspect/Unsuitable
MEDICAL/MEDICAL REPORT: Date Sent: Response: Good/Satisfactory/Suspect/Unsuitable	OTHER CONDITIONS: Work Permit:
STARTING DATE: STARTING SALARY: GRADE:	Job Title: Personnel/Clock Number: