

# Employment Application

STRICTLY CONFIDENTIAL



<b>Position Applying for:</b>	Click or tap here to enter text.
<b>Where did you hear of this Position</b>	Click or tap here to enter text.

APPLICANT INFORMATION					
<b>Last Name</b>	Click or tap here to enter text.	<b>First Name</b>	Click or tap here to enter text.	<b>Male/Female</b>	Click or tap here to enter text.
<b>Street Address</b>	Click or tap here to enter text.			<b>House Number</b>	Click or tap here to enter text.
<b>City</b>	Click or tap here to enter text.	<b>County</b>	Click or tap here to enter text.	<b>Post Code</b>	Click or tap here to enter text.
<b>Contact Number</b>	Click or tap here to enter text.	<b>E-mail Address</b>		Click or tap here to enter text.	
<b>Date Available</b>	Click or tap here to enter text.	<b>NI Number</b>	Click or tap here to enter text.		
<b>Are you a British Subject or national of any EU country</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>If no, do you have the right to work in the UK and the necessary permissions</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

CURRENT/MOST RECENT ROLE			
<b>Employer</b>	Click or tap here to enter text.	<b>Date Started</b>	Click or tap here to enter text.
<b>Position Held</b>	Click or tap here to enter text.		Click or tap here to enter text.
<b>Salary and Benefits</b>	Click or tap here to enter text.	<b>Notice Required</b>	Click or tap here to enter text.
<b>Is this your sole employment</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click or tap here to enter text.

MAIN DUTIES AND RESPONSIBILITIES	
Click or tap here to enter text.	

PREVIOUS EMPLOYMENT CONTINUED			
<b>Employer</b>	Click or tap here to enter text.	<b>Date Started</b>	Click or tap here to enter text.
<b>Position Held</b>	Click or tap here to enter text.	<b>Date Finished</b>	Click or tap here to enter text.
<b>Reason for Leaving</b>	Click or tap here to enter text.		
<b>Employer</b>	Click or tap here to enter text.	<b>Date Started</b>	Click or tap here to enter text.
<b>Position Held</b>	Click or tap here to enter text.	<b>Date Finished</b>	Click or tap here to enter text.
<b>Reason for Leaving</b>	Click or tap here to enter text.		
<b>Employer</b>	Click or tap here to enter text.	<b>Date Started</b>	Click or tap here to enter text.

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<b>Position Held</b>	Click or tap here to enter text.	<b>Date Finished</b>	Click or tap here to enter text.
<b>Reason for Leaving</b>	Click or tap here to enter text.		
<b>Employer</b>	Click or tap here to enter text.	<b>Date Started</b>	Click or tap here to enter text.
<b>Position Held</b>	Click or tap here to enter text.	<b>Date Finished</b>	Click or tap here to enter text.
<b>Reason for Leaving</b>	Click or tap here to enter text.		

<b>Further/Higher Education:</b>	<b>Qualification/Grade</b>
Click or tap here to enter text.	Click or tap here to enter text.

<b>Secondary Education:</b>	<b>Qualification/Grade</b>
Click or tap here to enter text.	Click or tap here to enter text.

<b>Other relevant training, professional qualification or work related skills (for example languages, shorthand etc.)</b>
Click or tap here to enter text.

<b>Are you undertaking any course of study at present? If so please give details</b>
Click or tap here to enter text.

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**Do you have membership of any professional bodies? If so please give details, including any offices held**

Click or tap here to enter text.

**It is the Employers policy to verify the qualifications of all successful job applicants.**

## Supporting Information

**Please give any details you feel are relevant in support of your application, including why you are interested in the post. Use additional sheets if necessary.**

Click or tap here to enter text.



### Convictions

INTO is committed to safeguarding and promoting the welfare of young people, and child protection screening will apply.

Have you ever been convicted of a criminal offence? If so, please give details of any unspent convictions. Spent convictions do not have to be declared, as the job is not one covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. [As this post is one covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 both spent and unspent convictions must be declared [although protected cautions and protected convictions do not need to be declared].]

Click or tap here to enter text.

### References

Please give the details of two referees, stating how long you have known them. (One should be your current or most recent employer.) References for shortlisted candidates will be taken up before interview unless you request otherwise. Reference requests will ask specifically whether there is any reason that you should not be engaged in situations where you have responsibility for, or substantial access to, persons under 18. Appropriate suitability checks **will** be required prior to confirmation of appointment.

<b>1. Name:</b>	<b>2. Name:</b>
Click or tap here to enter text.	Click or tap here to enter text.
<b>Email Address:</b>	<b>Email Address:</b>
Click or tap here to enter text.	Click or tap here to enter text.
<b>Address:</b>	<b>Address:</b>
Click or tap here to enter text.	Click or tap here to enter text.
<b>Telephone number:</b>	<b>Telephone number:</b>
Click or tap here to enter text.	Click or tap here to enter text.
<b>Occupation:</b>	<b>Occupation:</b>

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Click or tap here to enter text.	Click or tap here to enter text.
<b>Time known:</b>	<b>Time known:</b>
<b>Can references be taken up prior to interview?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Can references be taken up prior to interview?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Do you require any special arrangements to be made for your interview due to a disability.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**Data Protection**

For a copy of our Candidate Privacy Notice see <https://intoglobal.com/jobs>

I hereby give my consent to [name of Employer] processing the data supplied in this application form for the purpose of recruitment and selection.

**Declaration**

I declare that the information given in this application is to the best of my knowledge complete and correct.

I hereby give my consent to INTO UEA carrying out checks on my qualifications.

Employee's signature

Note: Any false, incomplete or misleading statements may lead to dismissal.

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

<b>Signature</b>	<b>Date</b>
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## MEDICAL QUESTIONNAIRE

<b>Surname:</b>	
<b>Forenames:</b>	
<b>Vacancy reference number:</b>	

**Please answer all the following questions by circling yes or no as appropriate.**

	Questions	Yes	No
1	Do you have any physical or mental impairment that could be classed as a disability under the Equality Act 2010?	Yes	No
2	Have you ever received compensation or a disability pension?	Yes	No
[3	Are there any medical reasons why you should not do shift work?	Yes	No]
[4	Are you able to carry out strenuous physical work including climbing ladders, working from scaffolding, bending, lifting and carrying?	Yes	No]
5	Have you ever had to give up any previous job for medical reasons?	Yes	No
6	Have you been off work continuously for more than a month during the last five years?	Yes	No
7	Have you ever had any operations requiring hospital admission for five or more days?	Yes	No
8	Is your eyesight normal (with glasses/contact lenses if worn)?	Yes	No
9	Is your hearing normal?	Yes	No
10	(a) Do you regularly take tablets or medicine?  (b) If so, what do you take?	Yes	No
11	Have you ever had any of the following?		
	Diabetes	Yes	No
	Tuberculosis	Yes	No

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	Angina	Yes	No
	Any other heart trouble	Yes	No
	Raised blood pressure	Yes	No
	Peptic, gastric or duodenal ulcer	Yes	No
	Indigestion for more than one week	Yes	No
	Back trouble, lumbago, sciatica, "slipped disc"	Yes	No
	Epilepsy, recurring blackout or fits	Yes	No
12	Have you ever had any of the following during the past five years?		
	Bronchitis, asthma, pneumonia	Yes	No
	Dermatitis, eczema or any other skin trouble	Yes	No
13	Do you suffer from any of the following?		
	Migrane or severe recurring headaches	Yes	No
	Anxiety, depression or any other mental health condition	Yes	No
	Fainting attacks or giddiness	Yes	No
	Ear trouble, discharging or infected ear	Yes	No
	Kidney trouble or urinary infection		
14	If you have circled any answers as Yes for questions 1 to 13, please give <b>very brief</b> details below:		
15	Have you ever had any other serious illness? If yes, please give <b>very brief</b> details below.	Yes	No

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16	Have you consulted a doctor about your health during the past 12 months? If yes, please give <b>very brief</b> details below.	Yes	No

I am willing to undergo a medical examination if required and I declare that the information I have given on this form is correct to the best of my knowledge.

The organisation treats personal data collected in this medical questionnaire in accordance with its [data protection policy](#) / [policy on processing special categories of personal data](#). Information about how data is used and the basis for processing the data is provided in [the organisation's [job applicant privacy notice](#)].

Applicant's signature:

Date: