



APPLICATION FOR EMPLOYMENT

For Office use only Remarks :

Please complete this form in typescript or block letters. You may continue on a separate sheet (preferably A4 Size), but please ensure that any additional sheets bear your full name and the advertisement reference number.

Please state the post to which this application refers		Advertisement Reference <i>(if any)</i>
SURNAME :	TITLE :	DATE OF BIRTH : __ / __ / ____
FIRST NAMES :	MARITAL STATUS :	Do you hold a full valid driving licence? YES / NO
MAIDEN NAME OR PREVIOUS SURNAME :		Category of Vehicle : e.g. Car, Van

ADDRESS: Tel. No. Home : Tel. No. Business :	TEMPORARY ADDRESS FOR COMMUNICATION: (if applicable) Tel. No.:
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EDUCATION AND QUALIFICATION (SCHOOL ATTENDED FROM AGE OF 12 YEARS)

DATE		SCHOOL	QUALIFICATION AND GRADES OBTAINED
FROM	TO		

UNIVERSITY/FURTHER EDUCATION (SPECIFY IF FULL/PART TIME,ETC.)

DATE		UNIVERSITY, COLLEGE, ETC.	QUALIFICATION AND GRADES OBTAINED
FROM	TO		

Professional Body :
 Membership Status (whether by examination) :
 Date Obtained :

OTHER TRAINING : Give details of courses, etc. and dates : (A separate sheet may be used if necessary)

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REFERENCES

Please give (in block letters) the names, postal address and occupation of two referees who can comment upon your experience and qualifications for this appointment, one of whom should be your current or previous employer.

Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Occupation	_____	Occupation	_____
Telephone No.	_____	Telephone No.	_____
My current employer may/may not be approached for reference :			

(a) Have you ever been subjected to criminal proceedings which have resulted in conviction? Yes/No *	_____

(b) Have you ever resigned or been dismissed from any employment? Yes / No *	_____

*Tick as appropriate. If the answer is "YES", please give details and attach any statement.	

Incomplete, inadequate or inaccurate filling of the form may cause the applicant's elimination from consideration. It is an offence to give false information on this form.

I confirm that the above statements are correct and I understand that any misinterpretation may invalidate any resulting appointment. I am prepared to undergo a medical examination, if required, and confirm that to the best of my knowledge there are no medical reasons which would prevent me from undertaking the duties of this post.

Signature of Applicant :

Date :
