

APPLICATION FOR EMPLOYMENT



Unit 1G, West Park 26, Chelston
Wellington, Somerset, TA21 9AD
Tel: 01823 355182
www.logiscan.co.uk

Confidential (when complete)

Please complete this form, answering all questions in ink or ballpoint pen.

Position applied for

How did you hear about this vacancy?

Date available for work

PERSONAL DETAILS

Title Mr/Mrs/Ms/Other	Surname	Forenames
Maiden/Former name or names previously known as (List all previous first names and surnames you will need supporting documentation to show legal change of name)		
Current Address		
		Post code
Please state All previous addresses where you have lived for the past Five years, continue on a separate sheet if necessary		
.....		Post code.....
.....		Post code.....
.....		Post code.....
Own Telephone Number (incl. area code)	Mobile Telephone Number	Email Address
Age	Date of Birth	Nationality
Place of Birth	Country of Birth	
Marital Status	Ethnic Origin	
National Insurance Number	I have the right to work in the UK. Yes [] No []	
UK/EU residents will need either a Passport or full Birth/Adoption cert with one or both parent's names on. Without this we cannot employ. Non UK residents will need: Bio residents permit showing right/hours to work All will need to show proof of residence dated within the last three months.		

OTHER INFORMATION

Do you have any relatives working for this company?		
Have you previously applied for a job with this company? If YES, state when and for what position		
Do you own a motor vehicle?	Do you possess a full driving license?	Driving License Number:
Please give details of any endorsements or other driving convictions within the last 5 years		
Do you hold a current SIA Licence? Yes [] No []	Licence Number	Expiry Date

Are you subject to Immigration Control? Yes [] No [] If Yes. Do you have an unrestricted entitlement to take up employment in the UK? Yes [] No []
Have you, ever been fined, cautioned, sentence to imprisonment or placed on probation for a criminal act (Subject to Rehabilitation of Offenders Act)? Yes [] No []
Are there any alleged offences outstanding against you? Yes [] No []
Have you, ever been made bankrupt or have any Court Judgements against you, Whether satisfied or not, within the last 6 years? Yes [] No []
Has any order been made against you by a Civil or Military Court or Public Authority? Yes [] No []
If YES to any above questions, please give details

REFERENCES

Please give the name and address of two people, who has known you well for at least two years immediately prior to this application, is still in contact with you and who will provide a written reference. This person must not be a previous school/college employer or your current employer, relative or resident at the same address as yourself.

Name	Name
Address	Address
Tel:	
Relationship to candidate	Relationship to candidate
Occupation	Occupation
Period Known	Period Known

EDUCATION (only required if less than 5 years ago)

Secondary School Attended	Dates (Month and Year)
College/University Attended	Dates (Month and Year)

SKILLS

Please detail skills and qualifications to support your application.
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EMPLOYMENT RECORD

Record your total employment history. Include details of self-employment, military service and part-time work. Be sure to give full addresses and dates, service/payroll numbers, branch, trade or regiment. **If there are any periods of unemployment, give the address of the Unemployment Benefit Office to which you reported or name and address of a contact who can verify your unemployment period.**

Give details of your **present/resent employment or unemployment first**, then your preceding employment/unemployment, finishing with your earliest job or unemployment history (going back 5 years without any Month/Year gaps)

Employer's Full Names or Job Centre/DWP Office Address with postcode and Tel No	Name of Person/s to whom you reported	Position Held (If Employed)	Dates (Month & Year) From & To	Reason for Leaving

May we approach your present employer for a reference now? YES <input type="checkbox"/> NO <input type="checkbox"/>
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In the case of periods of self-employment, please give references or name and address of someone who can confirm the details:

Accountant	Trade
Name	Name
Address	Address
Telephone Number	Telephone Number

**PLEASE ENSURE YOU FULLY READ AND UNDERSTAND THE FOLLOWING
PRIOR TO SIGNING AND RETURNING THIS DOCUMENT**

DECLARATIONS

I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to the company or its representatives may render lead to termination of employment without notice. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835 in confirmation of previous employment or unemployment. I authorize the company or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record. I consent to the Company's reasonable processing of any personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the company. Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to the company and authorize the company to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies. I further declare that any document that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

GENERAL DATA PROTECTION REGULATIONS

The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for the assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers.

By returning this form to the company you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom).

Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information and to have any inaccuracies corrected.

DISCLOSURE

You are applying for a position of trust and in the event of being offered employment by the company we may apply for a Disclosure. However, having a criminal record does not necessary bar you from employment. For more information ask a member of staff for a copy of the Disclosure & Barring Service (DBS) code of practice or our Company policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and restricted to those who need to see it to make a recruitment decision. By signing this document you allow the Company to see copy of the Disclosure. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the DBS Code of Practice. By signing below you agree to this process.

SCREENING

Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required. That the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

Applicant Name (Print):

Applicant Signature:
(If completing electronically can be signed later)

Date: