



APPLICATION FOR EMPLOYMENT

Please complete this document in your own handwriting by printing clearly in black ink.

Full Name including title:	
Address:	Daytime ☎ Evening ☎
Postcode:	Email Address:
Nationality:	How will you travel to work?
Do you have a full current driving licence. YES/NO Is it free of endorsements. YES/NO If NO, give details.	
Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? YES/NO	
National Insurance No:	
Have you had any operations or hospital treatment in the last 3 years? YES/NO If YES, please give details. Do you anticipate requiring any hospital treatment in the foreseeable future? YES/NO How many days were you off sick from work in the last year?	
Under the Disability Discrimination Act employers have an obligation to make reasonable adjustments to accommodate the disabled. We are an equal opportunities employer and in order to enable us to comply with our obligations under the Act we need to know: - Do you have any physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities? YES/NO If so what is it? [Should you be invited to an interview we will discuss with you the extent of any disability, the effect it might have, and what adjustments (if any) might be required to accommodate it]	
Have you previously worked for The Garage or The Academy Trust?	
If yes, when and in what capacity?	
If No, have you a contact or are you related to any person in our employ? If so please give details?	

EMPLOYMENT

Position applied for:

If offered this position, will you continue to work in any other capacity? YES/NO If yes, please give details.

If your application is for part time employment, please state days/hours preferred.

On what date would you be available to commence this employment?

EDUCATION

EDUCATIONAL QUALIFICATIONS (please list most recent first)

School/College/University	Examinations Undertaken	Grade	Year Taken
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PROFESSIONAL MEMBERSHIP & QUALIFICATIONS/SKILLS

Other Qualifications gained/ Training attended:

EMPLOYMENT HISTORY

Present/Last Employer:
Address:

Type of Business:

From _____ To _____

Position Held:
Describe the work undertaken:

Reason for Leaving:

Starting Salary:

Final Salary:

Please give full details of your previous employment, most recent first.

REFERENCES

Please give details of two referees (one of whom should be your present/last employer and not relatives).
Contact will only be made with your authority.

Name:
Occupation:
Address:

Name:
Occupation:
Address:

Telephone:

Telephone:

Please outline the skills and experience you have gained through paid employment and other work activities and interests, which are relevant to your application for this job. Please also use this space to give any other information you feel is necessary to support your application.

Please sign and date the declarations below:

*I declare that the information given by me, to the best of my knowledge, is true and complete.
I acknowledge that any offer of employment will be made on condition that the above information is true and that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.*

NAME (BLOCK CAPITALS):

SIGNED:

DATE:

Please return to The Garage, 14 Chapel Field North, Norwich, NR2 1NY