

# ProAktive

RISK GROUP

Appendix I

**ATKINSON SMITH LIMITED / RIXON MATTHEWS APLEYARD**

## APPLICATION FOR EMPLOYMENT

**SURNAME**

**FORENAMES**

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**POSITION APPLIED FOR**

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**ADDRESS**

**TELEPHONE NOS: (Home)**  
**(Work)**

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**HAVE YOU PREVIOUSLY APPLIED FOR A POSITION WITHIN, OR BEEN EMPLOYED BY, THIS COMPANY? IF SO, GIVE DETAILS.**

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**HAVE YOU ANY RELATIVES EMPLOYED WITHIN THIS COMPANY?**

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**HOW DID YOU BECOME AWARE OF THIS VACANCY?**

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**NOTICE PERIOD REQUIRED FROM CURRENT EMPLOYER/DATE AVAILABLE FOR EMPLOYMENT**

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| <b>EDUCATION</b>                                |                          |                        |                                    |
|---|--------------------------|------------------------|------------------------------------|
| <b>SECONDARY SCHOOL<br/>NAME/ADDRESS</b>        | <b>DATES<br/>FROM TO</b> | <b>COURSES STUDIED</b> | <b>QUALIFICATIONS<br/>OBTAINED</b> |
|   |                          |                        |                                    |
| <b>FURTHER EDUCATION<br/>COLLEGE/UNIVERSITY</b> | <b>DATES<br/>FROM TO</b> | <b>COURSES STUDIED</b> | <b>QUALIFICATIONS<br/>OBTAINED</b> |
|   |                          |                        |                                    |
| <b>OTHER TRAINING</b>                           | <b>DATES<br/>FROM TO</b> | <b>COURSES STUDIED</b> | <b>QUALIFICATIONS<br/>OBTAINED</b> |
|   |                          |                        |                                    |

**DETAILS OF ANY PROFESSIONAL QUALIFICATIONS OR PROFESSIONAL MEMBERSHIPS, AND DATES OBTAINED**

**DETAIL IT EXPERIENCE**

**DO YOU HAVE A CURRENT DRIVING LICENCE? YES / NO**  
**List any current convictions:**

**DO YOU NEED A WORK PERMIT TO WORK IN THE UNITED KINGDOM?**

**WORK EXPERIENCE**

**NAME & ADDRESS OF CURRENT/MOST RECENT EMPLOYER**

**DATES FROM**

**TO**

**SALARY ON LEAVING**

**JOB TITLE**

**MAIN RESPONSIBILITIES & ACHIEVEMENTS & REASONS FOR LEAVING**

**PREVIOUS EMPLOYERS**

**NAME & ADDRESS  
OF EMPLOYER**

**DATES  
FROM TO**

**POSITION HELD**  
(Give details of main responsibilities and reasons for leaving)

**SALARY  
ON  
LEAVING**

**LEISURE ACTIVITIES (including any memberships or involvement in any societies/clubs/community service)**

**HEALTH**

**ARE YOU A REGISTERED DISABLED PERSON?**

**R.D.P. NO.**

**GIVE DETAILS OF ANY SERIOUS ILLNESS OR OPERATION WITHIN THE LAST 5 YEARS**

**HAVE YOU RECEIVED MEDICAL TREATMENT IN THE LAST 12 MONTHS? IF SO, PLEASE GIVE DETAILS.**

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**ADDITIONAL INFORMATION** Describe the particular qualities/talents you will bring to this job and how it fits into your career plan

**Please continue on a separate sheet if necessary**

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**REFERENCES** If offered a position with this company we will take up references from your two previous employers. Please therefore advise us of the following information

- |    |           |         |
|----|-----------|---------|
| 1. | NAME      | ADDRESS |
|    | COMPANY   |         |
|    | JOB TITLE |         |
| 2. | NAME      | ADDRESS |
|    | COMPANY   |         |
|    | JOB TITLE |         |

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**HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE (excluding spent convictions)? If so, please give details**

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**HAVE YOU EVER BEEN DECLARED BANKRUPT OR HAD ANY COUNTY COURT JUDGEMENTS MADE AGAINST YOU? IF SO, PLEASE GIVE DETAILS.**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

**SIGNED**

**DATE**

**ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE TREATED AS CONFIDENTIAL**