**APPLICATION FOR EMPLOYMENT**

|  |  |
| --- | --- |
| Post applied for  |  |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title (Mr, Mrs, etc.)  |  |
| First name  |  |
| Middle name |  |
| Surname (family name)  |  |
| All previous surnames  |  |
| National Insurance number  |  |
| Current Driving Licence? |  Yes / No GROUPS |
| Details of any endorsements |  |

**ADDRESS DETAILS**

|  |  |
| --- | --- |
| House name/ number & street  |  |
| Address Line 2 |  |
| Town  |  |
| County |  |
| Postcode  |  |
| Home phone  |   |
| Mobile phone |  |
| Email address  |  (Our main method of contacting you will be through the e-mail address you provide here) |

**CURRENT EMPLOYMENT**

|  |  |
| --- | --- |
| **Job Title**  |  |
| **Employer’s name and address**  |  |
| **Description of duties** |  |
| **Current salary** (If part time include percentage of full time) |  |
| **Date started** (month/ year) |  |
| **Notice required** |  |

**EXPERIENCE**

|  |
| --- |
| Please detail here how you meet the criteria of the role, your specific reasons for this application, your main achievements to date and the strengths you would bring to this post |

**PREVIOUS EMPLOYMENT**

|  |  |
| --- | --- |
| **Job title**  |  |
| **Employer’s name and address** |  |
| **Description of duties** |  |
| **Date started** (month/ year) |  |
| **Date left** (month/ year) |  |
| **Reason for leaving** |  |

|  |  |
| --- | --- |
| **Job title**  |  |
| **Employer’s name and address** |  |
| **Description of duties** |  |
| **Date started** (month/ year) |  |
| **Date left** (month/ year) |  |
| **Reason for leaving** |  |

|  |  |
| --- | --- |
| **Job title**  |  |
| **Employer’s name and address** |  |
| **Description of duties** |  |
| **Date started** (month/ year) |  |
| **Date left** (month/ year) |  |
| **Reason for leaving** |  |

|  |  |
| --- | --- |
| **Job title**  |  |
| **Employer’s name and address** |  |
| **Description of duties** |  |
| **Date started** (month/ year) |  |
| **Date left** (month/ year) |  |
| **Reason for leaving** |  |

|  |  |
| --- | --- |
| **Job title**  |  |
| **Employer’s name and address** |  |
| **Description of duties** |  |
| **Date started** (month/ year) |  |
| **Date left** (month/ year) |  |
| **Reason for leaving** |  |

|  |  |
| --- | --- |
| **Job title**  |  |
| **Employer’s name and address** |  |
| **Description of duties** |  |
| **Date started** (month/ year) |  |
| **Date left** (month/ year) |  |
| **Reason for leaving** |  |

**EDUCATION HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of qualification | Subjects and grades  | School/ College/ University attended | Date awarded (month/ year) |
|  |  |  |  |
| Other training: |
| Please give details of any professional bodies to which you belong:  |
| Name of professional body  | Level of membership | Membership number | Date of membership |
|  |  |  |  |
| Languages Spoken |

**REFERENCES**

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| --- |
| Please give details of at least two referees who can confirm that you meet the selection criteria for the post. **Your referees should not be related to you in any way nor writing solely as a colleague or friend.** If you are (or have recently been) employed, one must be your current or last employer. |
| **Referees:** | **Referee 1** **(Current or most recent line manager)** | **Referee 2** |
| Title |  |  |
| First name |  |  |
| Surname (family name) |  |  |
| Organisation name and position of referee |  |  |
| Address of organisation |  |  |
| Email |  |  |
| May we contact this referee without further authority from you? | Yes / No  | Yes / No  |

**ADDITIONAL DETAILS**

|  |  |
| --- | --- |
| Do you require sponsorship under the UK points based registration system? ‘\*’ | Yes / No |
| If you answered "Yes" to the question above, please provide details |
| When would you be available to start work? |  |
| Where did you see this post advertised? (please tick).

|  |  |
| --- | --- |
| Buckinghamshire Business First/Ngage Website |  |
| Indeed website |  |
| LinkedIn |  |
| Other |  |

Please provide details of where you saw this post \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**OTHER EMPLOYMENT**

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| --- |
| Please note any other employment you would continue with if you were to be successful in obtaining this position |

**LEISURE**

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| --- |
| Please note here your leisure interests, sports and hobbies, other pastimes etc |

**CRIMINAL RECORD**

|  |
| --- |
| Please note any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974. **If none please state**. |

**DATA PROTECTION STATEMENT**

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| --- |
| Buckinghamshire Business First / Ngage will use the information you have provided on this application form, together with other information we may obtain about you, e.g. from your referees and from carrying out security or CRB checks (when such checks are relevant to the post), to assess your suitability for employment with us, for administration and management purposes and for statistical analysis. We may disclose your information to our service providers and agents for these purposes and **by submitting this application form you are consenting to our processing this for the purposes above**.If your application is unsuccessful, we will keep your information for 12 months in accordance with legal requirements and for administration purposes. Under the Data Protection Act 1998 you have a right of access to the information we hold about you for which we may charge a small fee, and you have a right to correct any inaccuracies in your information. Please contact recruitment@bbf.uk.com |

(Please read this carefully before signing this application)

|  |  |
| --- | --- |
| 1.  | I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. |
| 2. | I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). |
| Signed Date |