

# Application for Employment

POSITION APPLIED FOR: JUNIOR ACTIVITY INSTRUCTOR



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NATIONAL INSURANCE No: \_\_\_\_\_

FULL DRIVING LICENCE? YES / NO REGULAR ACCESS TO A CAR? YES / NO

EDUCATION <i>(continue on a separate sheet if necessary)</i>		
School / College	Qualification gained	Results attained

EMPLOYMENT HISTORY <i>(continue on a separate sheet if necessary)</i>				
Employer / Company	Role	Duties/areas of responsibility	Start & Finish Dates	Reason for leaving
1)				
2)				
3)				
NOTICE REQUIRED IN CURRENT POST:				

AVAILABILITY <i>(Days / Hours you can work)</i>			
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

## Application for Employment

Please detail how you meet the essential requirements of this role

REFERENCES <i>(from whom we can obtain both character and work experience references)</i>	
1)Name:	2)Name:
Position:	Position:
Address:	Address:
Email:	Email:
Tel.:	Tel.:

**CRIMINAL RECORD:** *(Please detail any criminal convictions except those 'spent' under the Rehabilitation of Offenders (NI) Order 1978. If none, please state).*

### DECLARATION (Read carefully before signing)

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. 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. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply for a disclosure of criminal records. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

☐ I confirm I am over the age of 16. (please tick the box)

Signed: ..... Date: .....