

APPLICATION FOR EMPLOYMENT

POST APPLIED FOR:

PERSONAL	DETAILS (Block letters using black l	ink)	
SURNAME:		INITIALS:	
ADDRESS:		DAY TEL:	
		EVENING TEL:	
POSTCODE:			
SECONDAR	Y EDUCATION		
DATES FROM TO	CERTIFICATES GAINED AND LEVEL OF PASS		

FURTHER / HIGHER EDUCATION

DATES FROM	то	UNIVERSITY OR COLLEGE ATTENDED	QUALIFICATIONS OBTAINED STATING SUBJECT STUDIED AND LEVEL OF PASS

MEMBERSHIP OF PROFESSIONAL BODIES

DATE JOINED AND CLASS OF MEMBERSHIP	ORGANISATION OR BODY

TRAINING

PLACE OF TRAINING AND ANY QUALIFICATIONS / CERTIFICATES

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYER

CURRENT EMPLOYER:		JOB TITLE:	
ADDRESS:		NOTICE REQUIREMENT:	
POSTCODE:			
DATES FROM:	то:	CURRENT SALARY:	
DESCRIPTION OF MAIN DU	JTIES AND RESPONSIB	SILITIES	

PREVIOUS APPOINTMENTS (Please start with the most recent and include any periods not in employment)

DATE FROM	то	NAME AND ADDRESS OF EMPLOYER	POSITION HELD, DESCRIPTION OF DUTIES AND RESPONSIBILITIES

SKILLS AND GENERAL INFORMATION

WC RE	OULD ENABLE	IS SECTION TO EYOU TO MEET SPECIFIC POIN You require more	THE REQUIRE! ITS ON THE PE	MENTS OF THIS	POST. YOUR	ANSWERS SHO	OULD
PLI	EASE STATE	WHY THIS POST	I IS OF INTERE	SI IO YOU			

REHABILITATION OF OFFENDERS ACT 1974

REHABILITATION OF OFFENDERS ACT 1974					
DO YOU HAVE ANY CRIMINAL CONVICTIONS OR CHARGES PENDING? YES / NO					
PLEASE DETAIL ANY CONVICTIONS OR CHARGES:					
Nature of Conviction	Conviction Date of Conviction Is this conviction spent under the Rehabilitation of Offenders Act 1974?				
ADDITIONAL INFORMATION					
	DO YOU HOLD A CURRENT UK DRIVERS LICENCE? YE				
ARE YOU ELIGIBLE TO WORK IN THE UK YES / NO					
ABSENCE MANAGEMENT HOW MANY DAYS HAVE YOU BEEN ABSENT FROM YOUR WORK DUE TO ILLNESS (NOT RELATED TO A DISABILITY) IN THE PAST 12 MONTHS?					

HOW MANY INCIDENTS OF ABSENCE DID THIS INVOLVE?

REFERENCES

Please give details of 2 people who have agreed to provide references for you

If you have been previously employed please include details of your current / most recent employer

If you have not previously been in employment or have been out of the labour market for some time, then please name someone else who would be able to provide a reference. (Suitable people to name as referees could be a teacher or lecturer, someone who has known you in a voluntary or other organisation, or another responsible person who knows you well)

REFERENCE 1		REFERENCE 2		
NAME:		NAME:		
POSITION:		POSITION:		
ORGANISATION:		ORGANISATION:		
ADDRESS:		ADDRESS:		
POSTCODE:		POSTCODE:		
PHONE No:		PHONE No:		
RELATIONSHIP:		RELATIONSHIP:		
CAN WE CONTACT TI	HIS PERSON NOW?	CAN WE CONTACT THIS	S PERSON NOW?	
YES	NO	YES	NO	

DECLARATION

The information provided by you will be used to assist the process of recruitment in accordance with Kingdom Credit Union Ltd Recruitment Policy and Procedures.

In accordance with the Data Protection Act 1998, you are entitled to know what personal information Kingdom Credit Union holds about you. If you wish this information you should apply in the first instance to Kingdom Credit Union, Main Street, Methilhill, Fife KY8 2DP.

I certify that the information given on this form is correct to the best of my knowledge. I consent to Kingdom Credit Union Ltd checking any information that I am unable to verify personally.

SIGNED: (please sign using your first initial and surname only)	DATE:

CONTINUATION SHEET	