



EMPLOYMENT APPLICATION FORM

(Please complete in own handwriting)

PERSONAL DETAILS

Closing date for applications

TITLE: MR. MRS. MS. MISS. OTHER SURNAME	FIRST NAMES
ADDRESS POST CODE	POSITION APPLIED FOR LOCATION
	HOW DID YOU HEAR OF THIS VACANCY?
	TELEPHONE NO: HOME: WORK:
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UK? YES / NO	NATIONAL INSURANCE NUMBER
Do you have a current driving licence? YES / NO Do you have any driving convictions? YES / NO POINTS:	HOW WOULD YOU TRAVEL TO WORK? CAR / MOTORBIKE / PUBLIC TRANSPORT HOW MUCH NOTICE WOULD YOU HAVE TO GIVE FROM YOUR PRESENT POSITION?
WHEN WOULD YOU BE AVAILABLE TO ATTEND AN INTERVIEW?	WHEN WOULD YOU BE FREE TO START WORK?
WORK REQUIREMENTS – DO YOU REQUIRE: FULL TIME / PART TIME / WEEK-END WORK	IF PART TIME, HOW MANY HOURS?

EDUCATION DETAILS

EDUCATION QUALIFICATIONS NAME OF SCHOOL	DATES	QUALIFICATIONS
FURTHER EDUCATION NAME OF UNIVERSITY/COLLEGE		QUALIFICATIONS

EMPLOYMENT HISTORY

PREVIOUS EMPLOYMENT	POSITION HELD	DATES FROM TO	REASON FOR LEAVING	SALARY

APPRENTICESHIP COURSES OR OTHER SKILL THAT MAY BE RELEVANT

PLEASE ADD ANY ADDITIONAL INFORMATION YOU WISH TO INCLUDE, ANY SPECIAL WORK SKILL YOU MAY HAVE. INCLUDE FIRST AID CERTIFICATES, SPRAYING CERTIFICATES AND FORK LIFT TRAINING. **(include dates obtained) attach copies of certificates where possible (do not include originals)**

GIVE DETAILS OF PREVIOUS EXPERIENCE THAT YOU THINK IS RELEVANT TO THE POSITION AND REASONS FOR APPLYING (ADD A FURTHER SHEET IF NECESSARY).



The Personnel Department
 Amfield House
 Ampfield House
 Ampfield
 Romsey
 Hampshire SO51 9PA

Diversity Monitoring Form

These details will be kept private and confidential and used for administrating and providing statistical information to relevant professional bodies (ie Office of National Statistics, Equal Opportunities Bureau), please refer to the Hillier Data Protection Policy for further details.

Personal Details

Full Name:

Title: Mr/Miss/Mrs/Ms/Other (please circle) Gender:

Marital Status: Single/Partner/Married/Divorced/Widowed (please circle)

Date of Birth: Age:

Family Details

How many children do you have under 5 years old?

How many adopted children do you have under 5 years old?

Are any of your children disabled? Please give details

How many weeks Parental Leave have you taken for each child?

Child 1: Child 2: Child 3: Child 4:

Ethnic Origin

Nationality: Country of Origin:

First Language: Second language:

Please tick the relevant boxes that describe you.

Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	International	<input type="checkbox"/>
Black	<input type="checkbox"/>	European – EEA	<input type="checkbox"/>	White	<input type="checkbox"/>
British	<input type="checkbox"/>	Irish	<input type="checkbox"/>		

Religion

What religion do you regularly practise?

What days of the year are affected?

Trade Union Membership

Are you a member of a Trade Union? Please give details:

Health

Are you registered disabled? Please give details :

Do you have any learning difficulties? Please give details:

Have you ever suffered from or are you suffering from any serious illness, including psychiatric illness or disability that may be relevant to this application? Please give details:

Do you require any reasonable special adjustments to be made in order for you to carry out your job? Please give details

Criminal Convictions

Do you have any criminal convictions or pending judgements against you? Please give details:

Do you have any driving convictions? Please give details:

I confirm that the information I have given on this form is correct.

Signed: Date:

THIS SECTION OFFICE USE ONLY

TO

PERSONNEL MANAGER

To be completed by Manager only

AMPFIELD HOUSE

AMPFIELD

ROMSEY

HANTS SO51 9PA

FROM

LOCATION

START DATE:

JOB TITLE:

DUTIES TO INCLUDE:

REPORTING DIRECTLY TO:

IS THE EMPLOYMENT? PERMANENT OR TEMPORARY FULL TIME OR PART TIME
WEEK ENDS ONLY

HOURS OF WORK FROM TO

DAYS OF WORK: WEEK 1 MON TUE WED THUR FRI SAT SUN ALT W/E
WEEK 2 MON TUE WED THUR FRI SAT SUN ALT W/E

LUNCH BREAK:

RATE OF PAY:

WEEKLY OR MONTHLY:

PROBATION PERIOD 1 MONTH 2 MONTHS
3 MONTHS 6 MONTHS

IF TEMPORARY, FINISHING DATE:

P45 ENCLOSED YES / NO REFERENCES CHECKED YES / NO
(enclose copy of reference if yes)

IF THE APPLICANT REQUIRES A SCHOOL WORK PERMIT, HAVE YOU APPLIED FOR A WORK PERMIT?
IF NOT WOULD YOU LIKE THE PERSONNEL DEPARTMENT TO APPLY ON YOUR BEHALF? YES / NO

BANK DETAILS

NAME OF ACCOUNT HOLDER:

FULL NAME OF BANK OR BUILDING SOCIETY

FULL ADDRESS

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.....

.....

POST CODE

ACCOUNT NUMBER

SORT CODE (office use only)

WAGES PERSNEL STPACK