

Application for Employment Form



Position Applied For:Closing Date:.....

1. Personal Details:

Title (Prof/Dr/Mr/Mrs/Ms/other):.....

Surname:.....Forename(s):.....

Contact Address:.....

.....Postcode:.....

Home Telephone:.....Mobile:.....

E-mail Address:.....

National Insurance No:..... Passport No:.....

Are you an EU National? Yes No

Do you need a work permit? Yes No

2. Education & Qualifications:

Please provide relevant details from secondary education onwards, with the most recent or highest qualification listed first:

Name of education establishment	Date attended: From: To:	Exam details/ results/ gained:

3. Other training and skills relevant to this position:

Please provide details of any training courses attended which are relevant to this position:

Course Details	Date Attended:	In-house or External? (if external please give details)



4. Present (or most recent) Employment:

Name of Employer:.....

Address:.....

.....Postcode:.....

Job Title:.....Salary:.....

Start Date:.....Benefits:.....

Leaving Date (if applicable):.....Reason for Leaving:.....

Notice Period (if applicable):.....

Please provide details of duties and responsibilities:

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.....
.....
.....

5. Previous Employment:

Please detail your full employment history , detailing any period of unemployment and unpaid or voluntary work.

Dates		Employers Name and Address	Job Title	Salary & Benefits	Reason for Leaving
From:	To:				

6. Additional Information:

Are there any dates you are not available for interview?.....

Please detail any commitments that may impact on your work obligations. I.e., Jury Service, Pre-booked holidays.....

Do you have any fears/ phobias of open water/ heights/ flying etc? (Applicable to position including Offshore Work).....

Are you prepared to work on-site/ offshore/ away from home? (Potential for worldwide travel or work away from home at short notice).....



7. Criminal Convictions:

Declaration subject to the Rehabilitation of Offenders Act 1974 (amended 2001)

Have you been convicted of a criminal offence? Yes No

If yes, please provide details.....

Do you hold a current clean driving license? Yes No

8. References:

Two references are required. One of these should be your present or most recent employer. These will not be contacted until after interview.

Referee No. 1

Referee No 2:

Name:.....

Name:.....

Job Title:.....

Job Title:.....

Address:.....

Address:.....

Contact No:.....

Contact No:.....

Fax No:.....

Fax No:.....

E-mail:.....

E-mail:.....

9. Declaration:

Are you related to an employee of SIA Ltd? Yes No

If yes, please provide details.....

Please note that information you have provided will be used purely to support your job application and for no other reason. If successful relevant information will be transferred to your staff records. If unsuccessful, this information will be destroyed six months after the final application date.

I declare that the information provided on this form, and on any accompanying documents, is true to the best of my knowledge and belief. I understand that false information may lead to the termination of employment or withdrawal of a job offer.

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

Please return the *Application for Employment Form* along with the *Equal Opportunities Monitoring Form* as per details stated on the advert.

Equal Opportunities Monitoring Form



It is the aim of SIA Ltd to ensure that no job applicant or employee receives less favourable treatment, on the grounds of age, disability, sexuality, sex, race, religion, colour or marital status; or, is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. Please fill in the information below to help us adhere to the equal opportunities policy.

This information will be used solely for monitoring purposes, and will be treated as confidential. Any information you provide will not be used as part of the selection process.

Position applied for:.....Closing date:.....

Where did you see this post advertised:.....

Personal Details:

Name:.....

Date of Birth:.....

Gender: Male Female

Ethnic Origin:

White - British Irish Other
Black - British Caribbean African Other
Asian - British Indian Pakistani Bangladeshi
Mixed - White / Black Caribbean White / Black African
White & Asian Any Other Mixed
Other - Chinese Other Group

Disability:

Do you consider yourself to have a disability? Yes No

If yes, please provide details.....

Are you registered disabled? Yes No

Registration Number (if applicable):.....

Thank you for taking the time to complete this form.