

Application for Employment

PRIVATE AND CONFIDENTIAL

Please complete in BLOCK CAPITALS

Job Reference Number: Applicant Reference Number:

Position applied for:

How did you hear of this vacancy? (include date) _____

A. PERSONAL PARTICULARS

| | | | |
|---------------------------|------|---|--|
| Full Name: Mr/Ms/Mrs/Miss | | Telephone Number (including STD Code) | |
| Address: | | Home: | |
| | | Mobile: | |
| e-mail address: | | Business (Tick box if you do not want to be contacted at work). <input type="checkbox"/> | |
| Date of Birth: | Age: | Do you need a work permit to take up employment in the U.K.? Yes/No | |
| N.I. Number: | | Detail: | |

B. EDUCATION AND QUALIFICATIONS

QUALIFICATIONS: Please give details of examinations attempted and results (including any examinations failed)

| Name(s) and Address(es) of School(s)/College(s) | Dates | | Subject/Courses Studied & Level | Examination Result/ Grade (include any examinations failed) |
|---|-------|----|---------------------------------|---|
| | From | To | | |
| | | | | |

FURTHER AND HIGHER EDUCATION: Please give details of all further and higher education since leaving school including training courses and details of qualifications.

| University/College/ Institute Attended | Dates | | Subjects Studied Type of Training | Qualifications Obtained |
|--|-------|----|-----------------------------------|-------------------------|
| | From | To | | |
| | | | | |

PROFESSIONAL ASSOCIATIONS: Please state whether you are a member of any technical or professional association, and if so, which:

FOREIGN LANGUAGES: Please list any foreign languages you speak and your level of competence, both oral and written:

C. EMPLOYMENT HISTORY

Please list starting with the most recent, all the organisations for which you have worked during the last 20 years:

| Name(s) and Address(es) of Employer(s) | Dates | | Position Held/ Main Duties | Starting/ Leaving Salary | Reason for Leaving |
|---|-------|----|-------------------------------|-----------------------------|-----------------------|
| | From | To | | | |
| | | | | | |

D. HEALTH

| | |
|---|----------|
| Are you in good health? If No, please give further information: | Yes / No |
| Have you ever suffered from any serious illness or had any major operation? If Yes, please give details: | Yes / No |
| Are you prepared to undergo a medical examination prior to employment? | Yes / No |

E. SUPPLEMENTARY INFORMATION

Please give details of any experience, skill or achievements which you feel may be relevant in your application for employment. (Continue on separate sheet if necessary).

Please give dates of any holidays arranged:

Are you currently subject to any contractual "restraints of trade" clauses? Yes / No

If Yes, please give further information:

Do you have any commitments which might limit your working hours? Yes / No

If Yes, please give details:

Are you willing to work overtime and weekends when required? Yes / No

Have you ever been convicted of a criminal offence: (which is not a spent conviction under the Rehabilitation of Offenders Legislation). Yes / No

If Yes, please give further information:

Salary Range Expected:

How much notice are you required to give to leave your present employment?

Have you worked for us before? Yes / No

If Yes, give details of reason for leaving:

Please list your interests, sports, hobbies, etc.

Do you have a current full driving licence? Yes / No

Does your licence have any current endorsements? Yes / No

If Yes, please give further information:

F. REFERENCES

Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this job. (One of these must normally be a previous employer).

Can we approach your present/most recent employer? Yes / No

(Tick in box if you do not wish your employer to be contacted before an offer of employment is made)

| Name, Position, Address and Telephone Number | Name, Position, Address and Telephone Number |
|--|--|
| | |

DECLARATION OF APPLICANT

I confirm that the above information is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

I consent to the Organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application or future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that the Organisation will retain the form for as long as is deemed necessary and that the Organisation may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signed: _____ Dated: _____

FOR OFFICE USE ONLY

INTERVIEW RECORD

| | |
|--|--|
| Interviewed by: _____ | Date: _____ |
| Comments/Areas to Examine: _____ | |
| Decision: _____ (Tick as applicable) | Reject <input type="checkbox"/> Further Interview <input type="checkbox"/> Accept <input type="checkbox"/> |
| Interviewer's report and reasons for decision: _____ | |
| Rejection letter sent: Yes / No | |

APPOINTMENT RECORD (To be completed where there has been an offer of employment).

| | |
|--|--|
| CONDITIONAL OFFER LETTER Date sent: Response: Acceptance/Refusal/No reply | REQUESTS FOR REFERENCES Date sent: Response: Good/Satisfactory/No Reply/Suspect/Unsuitable |
| MEDICAL/MEDICAL REPORT Date sent: Response: Good/Satisfactory/Suspect/Unsuitable | OTHER CONDITIONS Further proof of N.I. number or right to work requested: |
| Starting Date: _____ Grade: _____ Starting Salary: _____ | Job Title: _____ Personnel/Clock Number: _____ |

**Please return completed application form to:
Clear Pharmacy, 157-173 Roden Street, Belfast, BT12 5QA**