

APPLICATION FORM NEW PATHWAYS GROUP
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The following information will be treated in the strictest confidence.

PRIVATE AND CONFIDENTIAL

(Please complete in BLOCK CAPITALS)

POSITION APPLIED FOR:		JOB REF:		
CONTRACT TYPE	FULL/PART/FIXED/BANK/CASUAL			
Surname:		First Name(s):		
Address:				
Home Tel:		Mobile Tel:		Email:
Gender:		Aged over 18 years:		YES/NO
Full Driving Licence:	YES/NO	Endorsements:		*YES/NO
* If YES, please give further details including dates.				
Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?				YES/NO
If YES, please give full details.				
Are you subject to any restrictions or covenants which might restrict your working activities?				YES/NO
If YES, please give full details				
Are you willing to work overtime and weekends if required?				YES/NO
Please give details of any hours which you would not wish to work:				
Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company's CRB Code of Practice is available on request.)				YES/NO
If YES, please give full details				
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?				YES/NO
Have you ever worked for this business before?				YES/NO
If YES, please give full details				YES/NO
Have you applied for employment with this business before?				YES/NO
Do you need a work permit to take up employment in the U.K.?				YES/NO
Do you have a current valid CRB?				YES/NO

EDUCATION (PLEASE COMPLETE, DO NOT WRITE 'SEE CV')

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

REFERENCES PLEASE COMPLETE FULL ADDRESSES INCLUDING POSTCODE

Please give the names of two people **(one of which MUST be your present or most recent employer)** whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO (we will contact your references prior to interview unless you specify otherwise)

Ref 1: PROFESSIONAL/CHARACTER(please circle)	Ref 2: PROFESSIONAL/CHARACTER (please circle)
Name:	Name:
Relationship	Relationship
Position:	Position:
Address:	Address:
Postcode	Postcode
Tel. No:	Tel. No:

PRESENT OR LAST EMPLOYER (PLEASE COMPLETE, DO NOT WRITE 'SEE CV')

Are you currently employed? YES/NO

If no, are you claiming state benefits and /or unemployed for more than 6 months YES/NO
(for funding subsidy purposes)

Name of present or last employer:			
Address:			
Telephone No:			
Nature of business:			
Job title and a brief description of your duties:			
Reason for Leaving:			
Current salary:		Notice required:	
Length of Service:	From:	To:	

EMPLOYMENT DETAILS (PLEASE COMPLETE, DO NOT WRITE 'SEE CV')

Please give details of your past employment, excluding your present or last employer, stating the most recent first. Dates must be continuous, please state any gaps in employment along with the reason. FAILURE TO DO SO MAY RENDER YOUR APPLICATION INVALID.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PLEASE PROVIDE INFORMATION ON A SEPARATE SHEET IF NECESSARY

EQUAL OPPORTUNITIES MONITORING

For equal opportunity monitoring purposes only please indicate below your ethnic origin, whether you consider yourself to have a disability and your gender by ticking the appropriate boxes:

White British	
White Irish	
Other White background	
White & Black Caribbean	
White & Black African	
White & Asian	
Other Mixed background	
Asian British	
Indian	
Pakistani	
Bangladeshi	
Vietnamese	
Other Asian background	
Black British	
Caribbean	
African	
Other Black background	
Chinese British	
Chinese	
Other ethnic background (please specify)	

Is there anyone who relies on you for day-to-day care and attention?

(Please delete as appropriate) Yes No

If YES, are they:

- a) Children 0 – 4 (please tick box/boxes)
- 5 – 11
- 12 – 16
- b) Other family member or partner (please tick)

Do you consider yourself to have a disability? Yes No

If yes please provide details:

Please indicate your gender: Male Female

Please confirm your date of birth: _____

This page will be detached from the Application Form PRIOR to short listing and will be used only for monitoring diversity.