

## APPLICATION FOR EMPLOYMENT

Position applied for:	Location:
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Surname: <span style="float: right;">Mr/Mrs/Miss/Ms/Dr*</span>	Address:
Surname at birth (if different):	Post Code:
Given name(s):	Telephone No: home:
National Insurance No.:	Telephone No: work:
Email Address:	Telephone No: mobile:

### EDUCATION

School/College/University	Qualification Subject	Level/Grade

**PROFESSIONAL QUALIFICATIONS (held or being studied for) Verification of qualifications may be required at interview. i.e. Certificates, NMC Card, etc. Nurses include PIN No. and renewal date where applicable.**

Dates of Training	Professional Body/Training School, etc.	Qualification	Registration No. & Date

### SPECIALISED TRAINING or COURSES

Dates of Training/ Course Duration	Provider	Type of Training/Course

\*Delete as appropriate

**PRESENT or MOST RECENT EMPLOYMENT**

Employer's Name &amp; Address:

Post Code:

Telephone No:

Employer's Business:

Position Held:

Date Appointed:

Date Left:

Present Salary/Wage:

Reason For Leaving:

Period of Notice:

Summary of Present Duties and Responsibilities:

**PREVIOUS EMPLOYMENT (Most Recent First)**

Employer's Name & Address (Give Nature of Business)	Position Held and Responsibilities	From	To

## SUPPORTING INFORMATION

Please give below any additional information in support of your application specifically including why you want to work for an organisation like bpas and how your skills, experience or knowledge fit the job description. Details of interests, voluntary activities or positions of responsibility held could also be included.

Continue on a separate sheet if necessary.

## REFERENCES

References will be taken up only after an offer of employment. Please give below the names and addresses of your two most recent employers.

1. Name

2. Name

Job Title

Job Title

Address

Address

Post Code:

Post Code:

Telephone No:

Telephone No:

Relationship to you:

Relationship to you:

### DRIVING LICENCE

Do you hold a full driving licence?

YES/NO\*

### WORKING TIME REGULATIONS

Do you intend to continue with any other paid employment if successful in your application to work for bpas?

YES/NO\*

### REHABILITATION OF OFFENDERS ACT 1974

This position is subject to an Exemption Order under the Rehabilitation of Offenders Act 1974 (Exceptions) Orders 1975. Do you have any convictions which might render you ineligible for this post?

YES/NO\*

### ASYLUM AND IMMIGRATION ACT 1996

Do you require a Work Permit to work in the UK?

YES/NO\*

Are you required to register for the worker registration scheme?

YES/NO\*

If you have answered YES to either of these questions and are shortlisted for interview, if available, please bring the relevant documents with you.

### DECLARATION

I declare that the information contained on this application form is true and correct and understand that any wilful misrepresentation or omission may result in dismissal if appointed.

Signature:

Date:

**bpas IS COMMITTED TO EQUALITY OF OPPORTUNITY**

This form should be returned to:

Human Resources Department  
bpas Head Office  
20 Timothys Bridge Road  
Stratford Enterprise Park  
Stratford-upon-Avon  
Warwickshire  
CV37 9BH  
United Kingdom

\*Delete as appropriate