|  |  |
| --- | --- |
| POST APPLIED FOR: | Technical Officer |
| **CONTACT DETAILS** – (Please complete in black ink) | |
| TITLE: |  |
|  |  |
| SURNAME: |  |
|  |  |
| FORENAME(S): |  |
|  |  |
| ADDRESS & |  |
| POST CODE |  |
|  |  |
| TEL NO. DAYTIME: |  |
|  |  |
| TEL NO. HOME: |  |
|  |  |
| MOBILE: |  |
|  |  |
| EMAIL: |  |
|  |  |

|  |  |
| --- | --- |
| **EMPLOYMENT or SELF EMPLOYMENT DETAILS** – Present job (or last job if not currently employed) | |
|  |  |
| EMPLOYER’S NAME |  |
| & ADDRESS: |  |
|  |  |
| JOB TITLE: |  |
|  |  |
| DATES: |  |
|  |  |
| PRESENT SALARY: |  |
|  |  |
| DESCRIBE THE MAIN DUTIES AND RESPONSIBILITIES OF YOUR CURRENT OR MOST RECENT JOB: | |
|  | |
| WHAT IS YOUR NOTICE PERIOD OR EARLIEST DATE YOU COULD TAKE UP A POSITION WITH US? | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PREVIOUS EMPLOYMENT** – (Starting with the most recent and please continue on a separate sheet if necessary) | | | | |
| EMPLOYER’S NAME  AND ADDRESS: | POST HELD | FROM | TO | REASON FOR  LEAVING |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUALIFICATIONS** – (Outline details of any qualifications that you have achieved) | | | | |
|  | | | | |
| **ATTENDANCE AT TRAINING COURSES RELEVANT TO YOUR EMPLOYMENT** | | | | |
| ORGANISING BODY | COURSE TITLE | DURATION | DATE | |
|  |  |  |  | |
| **RELEVANT EXPERIENCE** | | | |  |
|  | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUPPLEMENTARY INFORMATION** | | | | | |
|  | | | |  | |
| Do you consider that you have a disability? | | | | YES | NO |
|  | | | |  | |
| Do you require any specific arrangements to be made for you to attend an interview? If so, please explain: | | | | | |
|  | | | | | |
|  | | | | | |
| Are you eligible to work in the United Kingdom?  (NB: Any offer of employment may be subject to you providing documentary evidence  of your eligibility to work in the UK: | | | | YES | NO |
|  | | | |  | |
| Have you ever been convicted of a criminal offence?  (Declaration subject to the Rehabilitation of Offenders Act 1974) | | | | YES | NO |
|  | | | |  | |
| **REFERENCES – AVAILABLE ON REQUEST**  Please give the names of two referees who have agreed to provide references for you. One referee must be your previous employer. Both referees must have knowledge of your work, character and integrity. | | | | | |
| **REFEREE 1** | | **REFEREE 2** | | | |
| NAME: |  | NAME: |  | | |
|  |  |  |  | | |
| JOB TITLE: |  | JOB TITLE: |  | | |
|  |  |  |  | | |
| ADDRESS |  | ADDRESS |  | | |
| & POST CODE | & POST CODE |
|  |  |  |  | | |
| TEL NO: |  | TEL NO: |  | | |
|  |  |  |  | | |
| In what capacity do you know the person above? | | In what capacity do you know the person above? | | | |
|  | |  | | | |