



Skills Group Job Application Form

Belgrave Road, Bulwell, Nottingham, NG6 8LY

Tel: 01159 770 080 • Fax: 01159 777 439 • Email: recruitment@skills.co.uk

Post Applied for:

Job Application Form

Please complete this form fully using black ink or type. Please ensure that all sections are completed and that any gaps in the employment history are recorded and explained. If you have any queries when completing this application form, please do not hesitate to get in contact (details on top of page).

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:		First Name(s):	
Title:	Mr / Mrs / Ms / Other	Date of Birth	
PCV License?	Provide Details (it's also okay if you don't have one – we provide full training!):		

Would you like to be working Full Time/Part Time? **Full Time** **Part Time**

Address:

Postcode:

Home Telephone N^o:	<input style="width: 100%; height: 20px;" type="text"/>	National Insurance N^o:	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">Letters</td> <td style="text-align: left;">Numbers</td> </tr> <tr> <td style="text-align: center;">Letter</td> <td></td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="text-align: left;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> </table>	Letters	Numbers	Letter		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Letters	Numbers																												
Letter																													
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																		

Mobile Telephone N^o:

E-mail address:

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

If no, please give further details include restrictions to the number of hours you are able to work i.e. Student Visa, 20 hours.

Driving Licence Yes No

Do you hold a full driving licence valid in the UK?

Please provide Driving License Number: _____

How many points do you have on your license?
(Please state clearly if more than 6+)

0 - 3

3 - 6

Details of Driving Convictions/Endorsements/Disqualifications:
(Within the last 5 years including pending prosecutions)

Road Traffic Accidents in Past 3 Years:

Do you have a digital tachograph card?

Yes

No

If Yes, please provide number: _____

Do you have a Valid Driver Qualification Card?

Yes

No

If Yes, please provide date of expiry: _____

If you are successful, you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

Present Employment (If you are currently unemployed please confirm your current situation i.e. registered with Job Centre Plus, caring for relatives, raising family)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment
(MONTH / YEAR):

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:		End Date (MONTH/YEAR) (if no longer employed):	
Reason for leaving (if no longer employed):			

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business. Please ensure that any gaps in the employment history are explained, i.e. unfit to work, unemployment, caring for relatives. When completing dates, please include the month as well as the year.

Name of Employer:	
Address:	
	Postcode:
Start Date:	End Date:
Position Held:	
Summary of duties:	

Reason for leaving:

Name of Employer:

Address:

Postcode:

Start Date: **End Date:**

Position Held:

Summary of duties:

Reason for leaving:

Continue on a separate sheet if necessary; please ensure that you have fully completed this section

Section 4 Education

Qualifications from Schools, Colleges & Universities. Please list highest qualification first:

College or University	Dates attended from & to	Course	Qualifications and grades obtained
School	Dates attended from & to	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional/Registered/ Management Qualifications	Course Details

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course and date completed

Continue on a separate sheet if necessary

Section 6 Rehabilitation of Offenders Act (1974)

This post is offered subject to a satisfactory enhanced DBS check.

In the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action. Information given will be completely confidential.

If you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013, please give the details below.

Section 7 Protecting Children and Vulnerable Adults

Enhanced Checks

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

No

Section 8 Interview arrangements

Do we need to make any specific arrangements in order for you to attend the interview?

Yes

No

If yes, please give details:

Section 9 References

Please give the names and addresses of your two most recent employers. If you are unable to do this, please clearly outline who your references are.

Reference 1

Name:

Position (Job title):

Work Relationship:

Organisation:

Address:

Reference 2

Name:

Position (Job title):

Work Relationship:

Organisation:

Address:

Section 11 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes. To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

Application for the post of:

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A. White

White UK

Irish

White non-UK

Any other White background
(please give details):

D. Black or Black British

Black Caribbean

Black African

Any other Black background
(please give details):

B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background
(please give details):

E. Chinese or other ethnic group

Chinese

Vietnamese

Any other ethnic background
(please give details):

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background
(please give details):

F. I do not wish to provide this information

Section 12 Recruitment Monitoring Form continued -

Gender

Male

Female

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled?

Yes

No

If yes, please give details:

Age Group

16-17

18-25

26-35

36-45

46-55

56-65

Over 65

Media

Please state where you saw this post advertised

RETURNING THIS FORM

By Hand or Post:

SKILLS GROUP APPLICATIONS
BELGRAVE ROAD
BULWELL, NOTTINGHAM
NG6 8LY

By E-Mail:

recruitment@skills.co.uk

Enquiries:

Telephone: 01159 770 080
Fax 01159 777 439

For Office Use Only:

Start Date:
