

CCNW APPLICATION FORM

POSITION APPLIED FOR: _____

1. PERSONAL

Name:			
Address:			
Telephone:	Mobile:		
Email:			

Full Driving Licence	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Endorsements
*If YES, please give further details and dates			

Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please give full details:		
Are you willing to work overtime and weekends if required?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Please give details of any hours you do not wish to work:		
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?		YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
Do you need a work permit to take up employment in the UK?		YES <input type="checkbox"/> NO <input type="checkbox"/>
National Insurance number:		
How much notice are you required to give your current employer?		

2. EDUCATION

Schools attended	From	To	Examinations and results
College or University	From	To	Courses and results

Further formal training	From	To	Qualifications
Job related training courses	From	To	Subject/Qualifications

Please give details of membership of any technical or professional associations:

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3. EMPLOYMENT DETAILS

Please give details of your past employment, including your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held and main duties	Reasons for leaving

4. INTERESTS, ACHIEVEMENTS & LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships, voluntary work)

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5. SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths

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6. REFERENCES

Please give the names of two people (one of which should 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

Company:	Company:
Contact:	Contact:
Position:	Position:
Address:	Address:
Telephone:	Telephone:
Email:	Email:

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

Please tick the box to agree:

I understand that these details will be held in confidence by the Company, for the purpose of assessing this application, ongoing personal administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Please tick the box to agree: Please use a digital signature, or type your name in the box. Once complete, email to gl@ccnw.info

Signature:	Date:
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