# **Application Form**

# Private and Confidential

# Please use BLOCK CAPITALS

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| **Position applied for:** |  |
| **PERSONAL DETAILS** |
| Surname: |  | Forename(s): |  |
| Address: |  |
| Email: |  | Postcode: |  |
| Telephone (Home) |  | Telephone (Work): |  |
| Clean driving licence? | YES / NO |
| Able to travel to any of our branches for 8am starts/7pm finish? | YES / NO |
| What min/max. hours of work per week are you seeking? |  |
| **EDUCATION & TRAINING RECORD** |
| Schools/Colleges Attended | From | To | Qualifications Obtained |
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| Further Training |
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| **OTHER INFORMATION** |
| Hobbies/Interests: |  |

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| **EMPLOYMENT HISTORY** |
| **Present Employment** (or, if not currently employed, most recent employment) |
| Employer: |  | Position: |  |
| Address: |  |
| From (date): |  | To (date): |  |
| **Brief outline of duties and responsibilities:** |
| Notice Required: |  | Salary: |  |

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| **Previous Employment** (in date order, starting with most recent first) |
| From | To | Employer | Position | Grade / Salary | Reason for Leaving |
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| **EXPERIENCE****General Information in Support of Application**Please give details of past experience which you feel may be helpful to your application (use extra sheets if necessary). |
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| **REFEREES**One of these referees must be an employment reference. If you choose not to give your present (or last) employer as a referee you should be able to provide a reason for this at interview. Please put a cross in the box if you do not wish the referee to be approached without prior permission. |
| Name: |  | Relationship: |  |
| Address: |  |
| Telephone: |  | Email: |  |
|  |
| Name: |  | Relationship: |  |
| Address: |  |
| Telephone: |  | Email: |  |
| **Rehabilitation of Offenders Act 1974**Have you a criminal conviction which is current under the Act? If YES, please specify date of conviction, nature of offence and sentence imposed. (Any information you provide will be treated as strictly confidential and will be considered only if relevant to your application). |
| YES / NO (delete as appropriate) |
| **Disability Discrimination Act 1995**Do you consider yourself to be disabled? If yes, please give details of your disability and any arrangements the Practice would need to make to offer you a fair selection interview should you be shortlisted for this vacancy. |
| YES / NO (delete as appropriate) |
| **Declaration**I declare that the above information on this form is correct and understand that if appointed, I will be liable to disciplinary action including dismissal and/or criminal action should I knowingly give false information. |
| **Signature:** |  | **Date:** |  |

Please return your completed application form to:

Louise Hastings, Ash Tree Vets, 124 Northampton Road, Market Harborough, Leicestershire, LE16 9HF or email to admin@ashtreevets.co.uk