

**APPLICATION FOR EMPLOYMENT**

**PERSONAL DETAILS**

Forename(s):		Surname & Title: (Prof/Dr/Mr/Mrs/Miss/Other)	
Present Address In UK		Address In Home Country: (if applicable)	
Postcode:		Postcode:	
National Insurance No:		Home Telephone:	
Work Telephone:		Mobile Telephone:	
Email Address:			
May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you require a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Visa Expiry Date			
<b>Next of Kin Details - Who should we contact in the event of an Emergency?</b>			
Name of Next of Kin:		Relationship to You:	
Address of Next of Kin		Contact Numbers:	
		Mobile:	
		Home:	
		Email:	

**SURVEY DETAILS**

How did you hear about this vacancy?  
 Website  Agency  Recommendation  Newspapers  Job Board

Please specify details:  
 What websites do you use for job searches?

**HEALTH DETAILS**

Disabled	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nature of Disability
Do you smoke	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Normal Vision	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, what restriction?
Normal Hearing	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, what restriction?

**LICENCE DETAILS**

Full British Drivers Licence	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you hold any other form of licence?	Int'l <input type="checkbox"/> Other <input type="checkbox"/>
Number of penalty points			

**SECURITY DETAILS**

Do you have a Criminal Record? (subject to exemption as per the rehabilitation of offenders Act 1974)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you hold a security clearance	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify:			

**ACADEMIC QUALIFICATIONS**

Details of schools attended, examinations passed and other qualifications		Dates
Name of University, College(s), Further Education	Full details of qualification obtained (including classification, if relevant)	Dates

**PROFESSIONAL RECORD**

Training/job related courses (name of course and content)	Dates
Membership of Professional Bodies	Dates

**EMPLOYMENT HISTORY**

Name & address of Present Employer	Dates From/To	Salary	Job Title	Reason for Leaving
Notice required by present employer				
No. of days sick leave taken in last 12 months		No. of occasions sick in last 12 months		



Previous Employers (continue on separate sheet if necessary)	Dates From/To	Position & Responsibilities	Reason for Leaving

Please give names and addresses of two referees (who should not be related to you) who may be approached in connection with your application. The first must be your current or most recent employer.

REFERENCE 1	
Company:	Referee's Position in Company:
Name:	Surname:
Address:	
Email Address:	Telephone:
May we request a reference prior to interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERENCE 2	
Company:	Referee's Position in Company:
Name:	Surname:
Address:	
Email Address:	Telephone:
May we request a reference prior to interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**EQUAL OPPORTUNITIES**

DMG Delta is an Equal Opportunities employer. The Company's aim is to ensure that it does not discriminate in the selection for employment retention or promotion of any person on the grounds of their race, ethnic origin, colour, marital status, disability, age or sex. This information is optional

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
White <input type="checkbox"/> Irish <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Black African <input type="checkbox"/> Black Other <input type="checkbox"/> Any Other <input type="checkbox"/>		

**DECLARATION**

I declare that the information given on all parts of this application form, and in any CV which accompanies it, is to the best of my knowledge, correct. I understand that giving false information will make my application unacceptable and, if I am appointed, lead to my dismissal. I accept that:

- If I am appointed, the information on this form may be used, in accordance with Schedule 2 of the Data Protection act 1998, to form a part of my permanent personnel record
- The information in the Equal Opportunities Monitoring Form which accompanies this form will be used in accordance with Schedule 3 of the Data Protection Act 1998 to identify and review the equality of treatment between individuals with a view to enabling such equality to be promoted and maintained. Those who are responsible for making selection decisions will not see it.

Signature ..... Date .....

## EXPERIENCE CHECKLIST

Please place a tick against your current level of experience in each of the following areas:

COMPUTER SKILLS					
	Experience 1 - 5				
	(1 = No Experience - 5 = Excellent)				
General PC skills	1	2	3	4	5
Microsoft Word	1	2	3	4	5
Microsoft Outlook	1	2	3	4	5
Microsoft Excel	1	2	3	4	5
Electronic document management systems	1	2	3	4	5
Other packages (please state)	1	2	3	4	5

GENERAL OFFICE SKILLS					
	Experience 1 - 5				
	(1 = No Experience - 5 = Excellent)				
Use of general office equipment (fax/photocopier/printers etc)	1	2	3	4	5
General telephone skills	1	2	3	4	5
Typing speed	1	2	3	4	5
Typing accuracy	1	2	3	4	5
Customer service	1	2	3	4	5
Working to deadlines	1	2	3	4	5
Time management	1	2	3	4	5
Filing					
Working on own initiative					
Written English skills	1	2	3	4	5