

Position Applied for:

PERSONAL DETAILS

SURNAME:		TITLE: (Mr, Mrs, Miss etc)	
FORENAME(S):		CONTACT NO:	
		EMAIL ADDRESS:	
ADDRESS:			
POST CODE:			
DO YOU NEED A WORK PERMIT TO WORK IN THE UK? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please provide further details (please include your work permit number):	

CRIMINAL CONVICTIONS

The Rehabilitation of Offenders Act 1974 set up a system whereby people who have been sentenced for criminal offences are entitled to have those convictions disregarded and treated as 'spent' after a certain period of time. The length of that period is known as the 'rehabilitation period' and differs to the type of sentence imposed and the age of the person when convicted of the offence. Some convictions are never deemed to be spent. Please provide details below of any 'unspent' convictions:

Date	Offence	Conviction

If you have a disability, please tell us about any adjustments we may need to make to assist you at interview:

EMPLOYMENT HISTORY
(Current or Most Recent Employer First)

Job Title:	Name and address of Company: Telephone No:	Brief Overview of Responsibilities:
Rate of Pay/ Salary:		
Dates from and to:		
Reason for leaving:		

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EDUCATION HISTORY

School/ College/ University	Dates Attended	Qualifications Gained

Please provide details of any training, skills, qualifications and/or experience relevant to the job for which you have applied:

ADDITIONAL INFORMATION:

Do you have a driving licence?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Is your driving license clean?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If no, please provide full details:			
Is your licence Private or Commercial?			
If your licence is Commercial, please state the class of vehicle:			
Do you have a forklift licence?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Would you be willing to undergo forklift training if required?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If successful in your application, do you intend to continue with any other employment?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Do you know of any other person that works or has worked at Knights Pharmacy?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please state who:	

TRAVELLING TO WORK
(Please detail how you intend to travel to and from work)

Car Train Bus Walk Cycle Other (please specify) :

HOBBIES AND INTERESTS
(Please list any hobbies or interests that you have)

REFERENCES

Please give details of 2 people who we can contact, who are willing to give you a reference (these must not be related to you):

Reference 1	Reference 2
Name:	Name:
Address:	Address:
Contact Number:	Contact Number:
Email Address:	Email Address:
Occupation:	Occupation:
Association to you:	Association to you:

DECLARATION

I declare that the information that I have given, is to the best of my knowledge and belief, true and complete and understand that if I give any information which I know is false or inaccurate or withhold any relevant information that this may lead to my application being rejected or if appointed, will lead to disciplinary action which may result in dismissal. I agree to the Company retaining appropriate personal information relating to my employment with Knights Chemist Ltd and understand and agree that this information will be stored confidentially in an appropriate filing system and on the Company Payroll and HR Databases. This information will be processed in accordance with the Data Protection Act 1998. I also understand that any offer of employment is subject to the receipt of references, which are satisfactory to Knights Chemist Ltd. I also confirm that if employed Knights, I will advise the Department for Work and Pensions or other appropriate Government Department of my change in employment status as required.

SIGNED:

DATE:

Office Use Only:	
Date Interviewed:	
Start Date:	
Trial Period of:	
Hours of work:	
Rate of Pay/ Salary:	
Rate of Pay after Trial period (if applicable):	