

## APPLICATION FORM

*The following information will be treated in the strictest confidence.*

POSITION APPLIED FOR: \_\_\_\_\_

PERSONAL (please complete this section in BLOCK CAPITALS)

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Full driving licence: Yes / No

Endorsements: Yes / No

If Yes, please give further details including dates: \_\_\_\_\_

Are you involved in any activity which might limit your availability to work or your working hours Yes / No

If Yes, please give full details: \_\_\_\_\_

Are you subject to any restrictions or covenants which may restrict your working activities?

Yes / No

If Yes, please give full details: \_\_\_\_\_

Have you any convictions, other than spent convictions, under the Rehabilitations of Offenders Act 1974? Yes / No

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 / No

Have you ever worked for this business before? Yes / No

If Yes, please give full details: \_\_\_\_\_

Have you ever applied for employment with this business before? Yes / No

Do you need a work permit to take up employment in the U.K? Yes / No

How much notice are you required to give your current employer: \_\_\_\_\_

EDUCATION

Schools attended since aged 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Qualification
Job related training courses	From	To	Subject

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

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Please list languages spoken and the level of competence: \_\_\_\_\_

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**EMPLOYMENT DETAILS**

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

Name and address of employer	Dates	Position held / Main duties	Reason for leaving	Salary

**PRESENT OR LAST EMPLOYER**

Are you currently employed? Yes / No

Name of present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Job title and brief description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Length of service: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_

**INTERESTS AND ACHIEVEMENTS (e.g. hobbies, sports, club memberships)**

\_\_\_\_\_

\_\_\_\_\_

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**SUPPLEMENTARY INFORMATION** (please set out below any further information to support your application e.g. suitability for the position, past achievements, future aspirations, personal strengths)

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**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.

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

Can we approach your current employer before an offer of employment is made? Yes / No

**SOURCE OF APPLICATION**

How did you hear of this vacancy? \_\_\_\_\_

**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.

I understand these details will be held in confidence by Feldon Veterinary Centres, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify Feldon Veterinary Centres immediately of any changes to the above data.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

