

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

What position are you applying for?

How did you hear of this vacancy?

Date available

Dates not available for interview?

PERSONAL & SOCIAL DETAILS

Surname

Other names

Address

Tele:

Email Address:

Hobbies and other interests

Do you hold a current Driving Licence

Yes/No

Have you ever been convicted of, or awaiting trial for any criminal offence?

YES / NO

If yes, give details

OTHER INFORMATION

If there are any other skills you've gained or courses you've attended that you think we should know about please give brief details, for example
Any languages you speak and with what fluency?

HEALTH DETAILS

Have you within the past two years had any illness or accident which caused you to be off work for two weeks or more? YES/NO

Have you within the past two years, attended an out-patients clinic or had a course of treatment (tablets, injections or physiotherapy)? YES/NO

If yes,

Are you now receiving such treatment? YES/NO

Have you any permanent disability? YES/NO

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

EDUCATION

Education and training

Details and results of any examinations taken

EMPLOYMENT

Present employer

Address

Job title

Duties

Date employed from:

to:

Reason for leaving

No approach will be made to your present employer before an offer of employment is made to you.

Please tell us about other jobs you have done and about the skills you have used or learned in those jobs.

REFERENCES

NAME

ADDRESS

Telephone

Type of reference – School/College/Employer/Character/Acquaintance

NAME

ADDRESS

Telephone

Type of reference – School/College/Employer/Character/Acquaintance

DECLARATION

I understand that the completion of this form does not guarantee employment

I declare that to the best of my knowledge the above information is true and I understand that providing deliberately false information or withholding required information could result in my dismissal from any resulting appointment.

SIGNATURE OF APPLICANT

DATE

Please return this application form to:

The Duty Manager
Blair Castle
BLAIR ATHOLL
Pitlochry
PH18 5TL