



Position Applied For: .....

<b>PERSONAL DETAILS</b>	
Surname	
Forename(s)	
Title (Mr / Mrs / Miss / Ms .....	
Address including Post Code	
Date of Birth	
Daytime Phone Number(s)	
National Insurance Number	.....
Current Driving Licence	Yes / No / Provisional only
Driving Licence Endorsements	
Nationality	
Are there any restrictions on you being employed in the UK?	Yes / No (if yes give details)

<b>EDUCATION HISTORY</b>	
<u>School</u>	<u>Qualifications Gained</u>
<u>Colleges / Universities</u>	<u>Qualifications Gained</u>

APPLICATION FOR EMPLOYMENT AT LECO COMPUTER SUPPLIES LTD

**OTHER EMPLOYMENT**

Please give details of any other employment you would continue with if you were employed by Advent Data Ltd.

**PROFESSIONAL QUALIFICATIONS**

<u>Qualification Gained</u>	<u>Where Studied</u>	<u>Date</u>

**EMPLOYMENT HISTORY**

<b>From / To</b>	<b>Employer Name / Address</b>	<b>Job Title and Duties</b>	<b>Salary</b>	<b>Reason for Leaving</b>

Notice required in current post .....

**TRAINING – please list any training courses you have attended that are relevant to your application**

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**REFERENCES – please provide names and addresses of 2 people from whom the company may obtain both character and work experience references**

1.	2.
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**LEISURE – please note your leisure interests, sport, hobbies and other pastimes.**

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**CRIMINAL RECORD – please list any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974. In certain circumstances employment is dependent on obtaining a satisfactory basic disclosure from the Criminal Records Bureau.**

If none please state ‘none’.

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**GENERAL COMMENTS**

Please list here any specific reasons for your application; your main achievements to date; and the strengths you would bring to this post.

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APPLICATION FOR EMPLOYMENT AT LECO COMPUTER SUPPLIES LTD

**HEALTH DETAILS**

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? Yes / No

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements that you will need in order to attend an interview.

Please list any diseases, disorders, allergies or muscular / musculoskeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and / or regularly receiving.

Please list all absences from work in the past 12 months, including the dates, the length of absence, and the reasons.

**DECLARATION – please read carefully before signing this application**

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination (should we require further information and wish to contact your doctor with a view to obtaining a medical report the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during my employment and for up to 6 years thereafter and I understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application I will, if required, apply to the Criminal Records Bureau for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed .....

Dated .....