



Employee Application Form

PLEASE COMPLETE ALL SECTIONS IN BLACK INK AND BLOCK CAPITALS

PERSONAL DETAILS

Surname:	
Forenames:	
Address:	
Postcode:	
Telephone No:	

Date of Birth:	
Nationality:	
National Insurance No:	

Health

*Delete as applicable

Are you in good health	*yes/no	If No, please give details	
Are you recovering from a major operation or illness	*yes/No	If Yes, please give details	
Do you suffer from loss, or partial loss of hearing?	*yes/no	If yes please give details of your deficiency	
Do you have normal colour vision	*yes/no	If no please give details of your deficiency	
How many times were you off sick in the last twelve months		How many days did this amount to?	
Do you have any physical or psychological problem that may affect the ability to perform your job?	*yes/no	If yes, please give details to include any back problems	
Are you registered disabled?	*yes/no	If yes, please state Disablement and Registration No.	

EDUCATION (Most recent first)

SCHOOL, COLLEGE AND UNIVERSITY	DATES	SUBJECTS TAKEN	EXAM TYPE	GRADE

PROFESIONAL/TECHNICAL/QUALIFICATIONS

DATES	SUBJECT	QUALIFICATION

Do you hold a current full driving licence?	*yes/no	Licence number:	
Do you have any endorsements?	*yes/no	If yes please give details	
Do you have your own transport?	*yes/no	If yes, what mode is it?	
If no, how do you anticipate getting to work, if there is no public transport to get you there in time for the start of your shift?			

CURRENT EMPLOYMENT

Present Employer		Your Job Title	
Address		Your main duties and responsibilities	
Post Code			
Tele Number		Current Salary	
Start Date		Leaving Date	
Notice Period		Contact Name:	

		Position in Company:	
Reason for Leaving			

If you are unemployed, are you registered with an employment services office?	*yes/no	If yes, please give the address of the office	
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PREVIOUS EMPLOYMENT

Name, address and telephone number of your previous employer		Job Title	
		Duties and Responsibilities	
Start Date		Leaving Date	
Reason for Leaving			

Name, address and telephone number of your next previous employer		Job Title	
		Duties and Responsibilities	
Start Date		Leaving Date	
Reason for Leaving			

Name, address and telephone number of your next previous employer		Job Title	
		Duties and Responsibilities	
Start Date		Leaving Date	
Reason for Leaving			

Name, address and telephone number of your next previous employer		Job Title	
		Duties and Responsibilities	
Start Date		Leaving Date	

Reason for Leaving	
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Do you have any pre-arranged holiday booked? If so when	*yes/no	How did you hear of this vacancy?	

REFERENCES

You will need to hold a security I.D. pass in order to be able to work at the airport. At some airports, personal references are required in addition to employment references, and you are required to provide details of a number of people who will vouch for your good character, please ensure you submit ALL details as requested. Failure to do so could delay, and therefore disqualify your application. Referees will only be approached by the company if you accept an offer of employment.

N.B. You should have known the following persons for at least two years, cannot be family members and cannot share the same living accommodation as you.

Referee 1 A professional person, e.g. lawyer; doctor; dentist; teacher etc			
Name:	Occupation:		
Address		Tele No:	
		Time Known:	Yrs _____ Mths _____
Post Code:			
Relationship to you			

Referee 2 A personal friend			
Name:	Occupation:		
Address		Tele No:	
		Time Known:	Yrs _____ Mths _____
Post Code:			
Relationship to you			

REHABILITATION OF OFFENDERS ACT 1974 DECLARATION

The Rehabilitation of offenders Act 1974 enables some criminal convictions to become "spent" or forgotten, after a rehabilitation period. This period is a set length of time from the date of conviction, after which the offence becomes spent. You are only required to declare unspent convictions.

Have you ever been convicted of a criminal offence (which is not spent within the meaning of the rehabilitation of offender's act 1974)?	*yes/no
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If yes, please give details below as required

Date	Court	Offence	Sentence

Declaration: I confirm that the information given on the attached pages by me is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signed: _____ Date: _____