

HorseWorld

Employment Application Form



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PRIVATE AND CONFIDENTIAL **Applicant No:** _____

Return this form to: Rebecca Hopkins
 HR and Training Coordinator
 HorseWorld, Delmar Hall, Keynes Farm, Staunton Lane, Whitchurch, Bristol
 BS14 0QL

Rebecca.Hopkins@Horseworld.org.uk

POSITION APPLIED FOR _____

Surname	Forename(s)	Title
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Address

Postcode	Email
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NI No.	Home Tel. No.	Mobile Tel. No.
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Current driving licence?	Yes/No	Details of Endorsements
Groups:	Expiry Date:	

Are there any restrictions on you taking up employment in the UK? Yes No (If yes, please provide details)

EDUCATION HISTORY

Schools	Qualifications gained

Colleges/Universities	Qualifications gained

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

FROM – TO (Month and Year starting with the most recent)	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	FINAL SALARY/ HOURLY RATE	REASON FOR LEAVING (AND IF CURRENT ROLE NOTICE REQUIRED)

GENERAL COMMENTS

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically detail how your knowledge, skills and experiences meet the requirements of this role, as summarised in the Role Profile and Person Specification. (Continue on another sheet if necessary)

TRAINING AND QUALIFICATIONS

Please note if you are a member of any professional bodies, taken further qualifications, or attended courses relevant to this position.

LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

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 you will need to attend an interview and/or any holidays that you have booked that would prevent you from attending an interview.

Please list any diseases, disorders, allergies, muscular or 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 (excluding holidays) and the reasons for such absences.

AVAILABILITY / OTHER EMPLOYMENT

Please note any other employment you would continue with or days you would be unable to work if you were to be successful in obtaining this position.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic or enhanced disclosure from the Criminal Records Bureau.

REFERENCES

Please note here the names, addresses and telephone numbers of two persons from whom the company may obtain both character and work experience references.

Name	Name
Job Title	Job Title
Address	Address
Post Code	Post Code
Tel No.	Tel No.
Email Address	Email Address

DECLARATION (Please read this 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 employment and for up to six years thereafter and 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 or enhanced 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:

Date:

