



Alfriston, East Sussex BN26 5QS  
Tel: 01323 874100 Fax: 01323 874101  
www.drusillas.co.uk  
Email: info@drusillas.co.uk

# Application for Employment

Please complete all sections of this form and return it to the address above.

## PERSONAL DETAILS

Title:		First Names:		Surname:	
Address:				Email:	
Post Code:				Work Telephone:	
				Home Telephone:	
				Mobile Telephone:	
<p>Please attach a recent photograph here (a cut down snap of head and shoulders is acceptable)</p>		Date of Birth:		Can we contact you at work?	
		Marital Status:		Do you have any dependents? If YES, how many and what age?	
		Single <input type="checkbox"/>	Long-term relationship <input type="checkbox"/>		
		Cohabiting <input type="checkbox"/>	Married <input type="checkbox"/>		
		Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>		
Nationality:					
Are there any restrictions on you taking up employment in the UK? If YES, please provide details:					
Is there anything that you are aware of that might restrict your ability to do the job you have applied for? If YES, please state what specific support you might require from us.					
National Insurance Number:					
Are there any specific provisions or facilities you may require relating to interview arrangements?					
Do you have a full driving licence?					
Do you own/have use of a car?					
Do you currently have any endorsements on your licence? If YES, please provide details:					
How do you intend to travel to work?					
Do you have any criminal convictions which have not been spent under the Rehabilitation of Offenders Act 1974? If YES, describe the offence and date of conviction. Successful applicants may be asked to apply for disclosure from the Criminal Records Bureau.					

JOB DETAILS	
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Position applied for:

When could you start work?

What type of position are you seeking?

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Are there any restrictions concerning the times of day which you are available to work?

How did you find out about this vacancy?

State any booked holiday commitments:

Indicate which periods you are available to work:

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Do you know anyone who currently works at Drusillas?  
If YES, who?

## REASONS FOR APPLICATION

## EMPLOYMENT HISTORY

Give details of present and past employment. Start with the most recent and list in chronological order.

Date from	Date to	Employers full name and address	Position	Final wage/salary	Reason for leaving





**EDUCATION AND QUALIFICATIONS**

Give details from age 11 onwards.

Date from	Date to	Name of educational establishment	Subjects studied	Qualification	Grade

**TRAINING**

Date from	Date to	Course Title	Course Provider

**SKILLS AND EXPERIENCE**

Describe your skills and experience which are relevant to the position for which you are applying:





## INTERESTS AND HOBBIES

State any interests including sports, clubs, leisure pursuits and voluntary work:

## FURTHER INFORMATION

Please provide further information in support of your application:

## REFERENCES

Give details of two people we could approach for references including your present or most recent employer. If you have not previously been employed give one character reference and one educational reference.

Full Name:
Occupation:
Organisation:
Address:
Post Code:
Telephone Number:

Full Name:
Occupation:
Organisation:
Address:
Post Code:
Telephone Number:

## DECLARATION

The information I have provided for this application including all details in this form, in letters, my CV and other statements is correct and complete in every detail to the best of my knowledge. I understand that any false, misleading or incorrect statement may be sufficient to cause disqualification, withdrawal of any offer of employment or dismissal. I authorise the company to obtain references to support this application and release the company and referees from any liability caused by this information. I understand that my current employer will be contacted once an offer has been accepted by me. I understand that any engagement entered into is subject to references proving satisfactory and passing a medical if required. I also give my permission to communicate with my GP or other medical attendant and for any medical information to be passed to management if necessary.

Signature:

Date:

