



Peacock and Binnington
The Old Foundry, Brigg, North Lincolnshire. DN20 8NR

Strictly Private and Confidential Application for Employment

Please complete in **BLOCK CAPITALS (Handwritten)** and return to address above.

| | |
|------------------------------|----------------|
| POSITION APPLIED FOR: | BRANCH/ |
|------------------------------|----------------|

PERSONAL DETAILS

| | |
|---|-----------------------------|
| Title MR/MRS/MISS/MS Other (Please state) | |
| SURNAME | FORENAMES..... |
| Current Address..... | Previous Address..... |
| | |
| | |
| Post Code..... From Date..... | Post Code..... |
| Tel No. Home..... | From Date..... To Date..... |
| Mobile..... | |
| Name of Next of Kin:..... | Address..... |
| Relationship:..... | |
| Tel. No..... | |

| | |
|--------------------------------|------------------|
| National Insurance Number..... | Nationality..... |
| Work Permit/Visa Number..... | |

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|---|
| IMMIGRATION, ASYLUM & NATIONALITY ACT 2006 Provide proof that you are eligible to work in the UK i.e. N.I. Card, P45, P60, Passport, Birth Certificate, residence permit or a letter from the Home Office confirming that you are allowed to work. No offer of employment will be made without this information as it is required by law. |
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PREVIOUS EMPLOYMENT DETAILS

Please give details of your employment history (most recent first) – using a separate sheet if necessary

| Dates From To | Name and Address of Employer | Brief Description of Duties and Responsibilities | Reason for Leaving |
|-----------------------|---------------------------------|---|--------------------|
| | | | |
| | | | |
| | | | |

| | |
|---|-----------------------|
| <p>Have you ever been dismissed from any previous employment? If YES, please give details.</p> | <p>YES/ NO</p> |
|---|-----------------------|

MEDICAL

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| <p>Do you consider yourself to have a disability for which you would require specific adjustments to allow you to attend an interview? YES/NO</p> <p>If YES, please clarify below.</p> |
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LEGAL

| | | |
|---|---------------------|--------------------|
| Do you have a current driving licence? YES/NO details | Is it Clean? YES/NO | If NO, please give |
| | | |
| Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? | | |
| YES/NO If YES, please give details. | | |

OUTSIDE ACTIVITIES AND INTERESTS

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| Details of main interests and hobbies outside work |
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WHY YOU?

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|---|
| Tell us why we should offer you this position <i>(please complete on a separate sheet if necessary)</i> . |
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|---|
| AVAILABILITY FOR WORK Please specify hours/days you are available for work. |
| |

REFERENCES

All offers are made subject to receipt of two references, which are entirely satisfactory to the Company. Please give details of two referees, WHO CAN BE CONTACTED IMMEDIATELY in support of your application. Personal referees are not acceptable. All references must relate to previous employers, where no previous employer exists academic references will be acceptable. You MUST complete all contact information including postcodes.

REFERENCE 1 – CURRENT OR MOST RECENT EMPLOYER

| | |
|--------------------------|-----------------------------------|
| Company Name: | Contact Name: |
| Address: | Job Title of Contact Name: |
| Postcode | |
| Telephone Number: | Mobile Number: |

REFERENCE 2 – PREVIOUS EMPLOYER or ACADEMIC REFERENCE

| | |
|--------------------------|-----------------------------------|
| Company Name: | Contact Name: |
| Address: | Job Title of Contact Name: |
| Postcode | |
| Telephone Number: | Mobile Number: |

PRE-EMPLOYMENT SCREENING

I, the undersigned, hereby agree to EMPS (Employers’ Mutual Protection Service Ltd) to undertake such checks with a licensed credit reference agency. I hereby authorise the aforementioned checks and give my consent to the information obtained being released to the Peacock and Binnington in a report form.

Signed:..... Date:.....

FINANCIAL SERVICES AUTHORITY (FSA)

Have you ever been accredited by the FSA? YES/NO

Should you be required to be FSA accredited as part of your role, a separate declaration form will need to be completed.

I declare that the information I have given is true and accurate to the best of my knowledge and belief, and I understand that knowingly to falsify this form may bar me from employment or render me liable to dismissal.

Signed:..... Date:.....