



PRIVATE & CONFIDENTIAL

Position Applied For

Please tick and complete information as necessary – please write in capitals:

Title	
Surname/Family Name	
First Names	
Address	
Postcode	
Home Telephone	
Mobile Telephone	
Email Address	
Date of Birth	/ /
UK National Insurance No	
Current Driving Licence	Yes / No
Do you need a work permit to work in the UK?	Yes / No
If Yes please provide details	

Education & Professional Qualifications

Schools/Colleges/Training	Qualifications Gained	Date

Please tell us of any other employment you would continue with, if you were to be successful in obtaining this position.

Employment History

Please record below the details of your current or most recent employer

Employer Name

Address

Type of Business

Telephone

Job Title

Start Date

End Date

Reason for leaving (if applicable)

Description of your duties and responsibilities

What date would you be available to commence work with CTLA?

Please tell us if there are any dates when you will not be available for an interview.

Previous Employment

Please record below the details of all your previous employment, beginning with the most recent first. Up to 4 previous employments can be entered here, if required please provide additional information regarding your employment history separately.

Previous Employer 1

Employer Name			
Address			
Job Title			
From Date		To Date	
Reason for Leaving			

Description of your duties and responsibilities

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Previous Employer 2

Employer Name			
Address			
Job Title			
From Date		To Date	
Reason for Leaving			

Description of your duties and responsibilities

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Previous Employer 3

Employer Name			
Address			

Job Title			
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			
Previous Employer 4			
Employer Name			
Address			
Job Title			
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			
References			
Please provide the names and full contact details of the people who have agreed to supply either character or work experience references. N.B referees may be approached prior to interview unless you indicate otherwise below.			
Referee 1			
Name			
Relationship (Employer/Friend/Colleague)			
Address			
Telephone			
Email			

Referee 2

Name	
Relationship (Employer/Friend/Colleague)	
Address	
Telephone	
Email	

General Comments

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

Disclosure Barring Service Check

Appointment to a post which requires you to work with children and vulnerable adults is subject to the satisfactory passing of an Enhanced DBS check. Enhanced DBS checks are complete criminal history checks and in addition to the information included in the Standard Check, include a consultation of those lists of individuals considered unsuitable to work with children and vulnerable adults.

A criminal record will not automatically eliminate you from working for CTLA, it will depend on the nature of the position and the circumstances and background of your offences.

Please detail below any criminal convictions or prosecutions excluding those 'spent' under the Rehabilitation Of Offenders Act 1974, if none, please state.

Leisure

Note here your leisure interests, sports, hobbies and other pastimes.

Health Details

Specify any special arrangements for work associated with any disability.

Tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with your recruitment process.

Please read this carefully before signing this application

1. I confirm that the above information is complete and correct and that any misleading information will give CTLA the right to terminate any employment contract offered.
2. I agree that should I be successful in my application, CTLA reserves the right, to complete a Medical Assessment prior to employment. This may involve giving permission for my General Practitioner to be contacted. I understand that this information will be stored in my personnel file during employment and processed in accordance with General Data Protection Regulation (GDPR).
3. I agree that should I be successful in this application, CTLA will, if required apply to the Disclosure Barring Service (previously CRB) for an Enhanced Disclosure. I understand that should I fail to do so or should the disclosure not be to the satisfaction of the Charity any offer of employment will be withdrawn or employment terminated.

Signed :

Date:



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Personal Details			
Title			
Surname/Family Name			
First Names			
Address			
Postcode			
Telephone			
Email			
Date of Birth	/ /		
Licence & Driving Details			
Driver Number			
Licence Valid From		Licence Valid to	
Full Licence	Yes / No	Licence Group	
If you answer YES to any of the following questions, then please give details in the space provided.			
Have you been convicted during the past 5 year of any offence in connection with a motor vehicle?	Yes / No		
Are there endorsements on your driving licence?	Yes / No		
Have you ever been disqualified from driving?	Yes / No		
Have you any prosecutions or police enquiries pending for motor offence?	Yes / No		
Have you ever had a motor insurance policy declined, cancelled or have been refused renewal or had any special conditions imposed	Yes / No		

<p>Have you been involved as a driver in a collision in the last five years, regardless of fault</p>	<p>Yes / No</p>
<p>Have you currently or have any history of any conditions or disability that may affect your ability to drive safely now or in the future? If I doubt, declare any condition or disability.</p>	<p>Yes / No</p>
<p>Are you currently taking any medication, which may affect your ability to drive?</p>	<p>Yes / No</p>
<p>Have you resided outside the United Kingdom or the Republic of Ireland for at least 3 years?</p>	<p>Yes / No</p>
<p>Have you any additional driving entitlement e.g. LGV or PCV</p>	<p>Yes / No</p>

Please read this carefully before signing the following declaration.

I declare that the details given are correct and that within my knowledge, there is no other material fact that I should disclose. Should I be successful in my application as a driver, I agree to exercise all due care for the safety of my passengers and security of the vehicle whilst in my charge. I also undertake to inform of any collision or accident that occurs whilst I am responsible for the vehicle. I understand that it is an offence under the Road Traffic Act 1988 to knowingly make a false statement to obtain insurance cover.

I undertake to notify of any subsequent illness, condition or event that might affect my suitability as a driver, including any subsequent refusal of motor insurance or any driving convictions. I understand that failure to do so and any false declaration made above may render the insurance cover for the vehicle invalid and that I may then be held personally responsible to pay costs or damages. I understand that all information will be treated in the strictest of confidence.

Signature :

Date :