

**CYCLES UK LTD**

**25 Totman Crescent,  
Brook Road Industrial Estate,  
Rayleigh, Essex.  
SS6 7UY**

**Tel: 01268 745 556**

**Fax: 01268 745 558**

**CONFIDENTIAL: APPLICATION FORM FOR EMPLOYMENT**

POST APPLIED FOR:

SALARY EXPECTED:

DATE:

Please complete legibly in your own handwriting in black ink

Surname:	Forename(s):	Date Of Birth:
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Address:	Name & Address of next of kin:
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Day tel no:	Eve tel no:	Tel no:	Relationship:
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How do you wish to be addressed? Mr / Mrs / Miss / Ms Other .....	National Insurance Number:
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Do you need a work permit to work in the UK?  YES / NO	Have you a current Driving Licence? YES / NO  If YES give details including any endorsements eg car, HGV, PSV etc.
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**EDUCATION**

Schools Attended	Dates From /To	Qualifications gained	Grades
Colleges / Universities Attended	Dates From /To	Qualifications gained	Grades

Other Training / Membership of Professional Bodies / Apprentiships / Special Courses Etc

**EMPLOYMENT HISTORY**(current or most recent employer first)

Please include temporary posts & work experience.

From / To	Name & Address of Employer	Job Title / Duties	Final Salary & reason for Leaving

Notice required in Current Post:

**REFERENCES**

Please note here the names, addresses & telephone numbers of two persons from whom we may obtain both character & work experience references. Reference from your current employer will not be sought without your authority.

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**LEISURE**

Please note here your leisure interests, sports, hobbies & other pastimes etc. including positions of responsibility held.

**ATTENDANCE & RELIABILITY**

Please give details of your lateness & absence records over the last 12 months.

**GENERAL COMMENTS**

Please detail here your specific reasons for this application, your main achievements to date, the strengths you would bring to this post & any other information relevant to your application.

Have you ever been convicted of a criminal offence? YES / NO

If YES please give details:

**HEALTH DETAILS**

Please list any diseases, disorders or allergies from which you have suffered or do suffer.

Please detail any form of medicine or treatment you are currently & / or regularly receiving.	Doctor's Name & Address.
Do you have any disabilities which may affect your duties? YES / NO	
If YES, please give details.	
If you have a disability please detail any reasonable adjustments that you believe may be needed either for interview purposes or to enable you to carry out the post applied for.	
<b>DECLARATION (please read this carefully before signing)</b>	
<ol style="list-style-type: none"> <li>1. I confirm that the above information is complete &amp; correct &amp; that any untrue or misleading information will be give the employer the right to reject my application, to withdraw any employment contract offered or, if employed, dismiss without notice.</li> <li>2. I agree that the information provided in this application form may be processed by the employer in relation to my application for this post to assist in the decision making process. I further expressly agree that, should it be necessary to validate any of the information provided herein, the employer may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the employer in a secure confidential file &amp; the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.</li> <li>3. I hereby give my authority for the employer to contact my own doctor for any further details of my state of health.</li> <li>4. I agree that the employer reserves the right to require me to undergo a medical examination.</li> <li>5. I am not currently included (either provisionally or fully)on the list of persons considered unsuitable to work with vulnerable adults maintained by the Secretary of State for Health.</li> <li>6. I give my consent for disclosure of an enhanced criminal record certificate.</li> </ol>	
Signed:	Date: