



## **Employment history** Present/previous employer..... Address..... Postcode..... Job title..... **Duties** Rate of pay..... Date employed: from ..... to ..... Reason for leaving Health Any illness in the past year which necessitated absence from work? (Only include absence of more than one week) ..... If Yes please give details below Are you physically and mentally able to carry out the work tasks stated in the job description

Successful applicants will be required to complete a medical questionnaire prior to being appointed



## References

| Please give the names and addresses of two persons as referees - other than your present employer or relatives - who we can approach now for references. No approach will be made to your present or previous employers before an offer of employment is made. |
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| What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box  |
|---|
| White  English □ Welsh □ Scottish □ Northern Irish □ Irish □  British □ Gypsy or Irish Traveller □ Prefer not to say □  Any other white background, please write in:  |
| Mixed/multiple ethnic groupsWhite and Black Caribbean $\square$ White and Black African $\square$ White and Asian $\square$ not to say $\square$ Any other mixed background, please write in:                                   |
| Asian/Asian British Indian $\square$ Pakistani $\square$ Bangladeshi $\square$ Chinese $\square$ Prefer not to say $\square$ Any other Asian background, please write in:   |
| Black/African/Caribbean/Black British  African □ Caribbean □ Prefer not to say □  Any other Black/African/Caribbean background, please write in:  |
| Other ethnic group Arab $\square$ Prefer not to say $\square$ Any other ethnic group, please write in:  |
| Declaration: I confirm that the information I have given is correct and I also understand that giving false information will be deemed gross misconduct and may result in my dismissal. All employees start on a 6 month trial. |
| Signed<br>Date  |