



MANCHESTER & CHESHIRE DOGS 'HOMES
MOSS BROOK ROAD
HARPURHEY
MANCHESTER
M9 5PG

APPLICATION FOR EMPLOYMENT

Position Applying for	
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Name	
Address	
Post code	
Phone number	
Mobile	

Date of Birth	
Current Drivers License	Yes No
Detail of any endorsements	
Are there any restrictions on you taking up employment in the UK?	Yes No

If yes, please provide details

EDUCATION HISTORY

School	School	School	School
Qualifications gained	Qualifications gained	Qualifications gained	Qualifications gained

Colleges / Universities

Qualifications gained

Other training / Qualifications

Other employment - Please note any other employment you would continue with if you were successful in obtaining this position.

EMPLOYMENT HISTORY

From - To	Name & Address of Employer	Job Title & Duties	Start / Finish Salary	Reason for leaving

Notice required in current post:

REFERENCES - Please note here the names and addresses of 2 persons from whom the company may obtain both character and work experience references.

Name	Address	Ph. Number	Relation to you

Leisure - Please note here your leisure interests, sports and hobbies, other pastimes, etc.

Criminal Record - Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none, please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau / Scottish Records Office

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 (please continue on blank sheet if necessary)

Health Details

Do you have any physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities - Yes No

Please specify any special arrangements for work associated with any impairment

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

Please detail any form of medication, drugs or treatment which you are currently and/or regularly receiving

Please list all absences from work in the past 12 months and the reasons for such absences

Please print the form and sign below after reading the declaration

DECLARATION

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment offered

I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personal file during employment and for up to 6 years thereafter and understand that information will be processed in accordance with the Data Protection Act

I agree that should i be successful in this application, I will, if required, apply to the Criminal Records Bureau / Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated

Signed _____ Date: _____