

APPLICATION FOR EMPLOYMENT

Position Applied For:

Staff Number

Consultants Name

Please place your
passport photograph
here



A.I.R Consultants Ltd

PLEASE COMPLETE IN BLOCK CAPITALS

Personal Details			
Mr/Miss/Mrs/Ms <small>please circle as appropriate</small>		Maiden Name <small>before Marriage</small>	
First Name		Forenames	
Surname		Date of Birth	Age:
Nationality	Place of Birth	National Insurance Number	
Full Address		Are you in Education? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Post Code		Driving Licence Number:	
Contact Information:		Have you received any benefits in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile: _____		If yes When and Where?	
Home : _____		Do you have any holiday booked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email : _____		If yes When and Where?	
		Passport Number:	

Full Name of Emergency Contact	
Full Name _____	Relationship to You
Address: If same as above _____ if different from above _____	
Emergency Contact Number :	
_____ Home	_____ -Work _____ -Mobile

Visa Information			
Are you legally entitled to work in the UK? Please tick where appropriate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is your Visa/Work Permit valid for 6 Months or more?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have you applied for a Visa Extension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
In line with the Asylum and Immigration Act 1996 we have to ask for proof of your right to work in the UK. Therefore if you are invited to an interview please bring with you the original of one of the following documents:			
⇒ Evidence of NI No			
⇒ Passport, Work Permit, Certificate of Registration			
⇒ Naturalisation as a British Citizen			
If you are an overseas student, please bring an original and a photocopy of your work permit.			
** I declare the documents I have provided with my application are genuine and prove my Right to Work in the UK. I give A.I.R Consultants Ltd permission to verify my status through Immigration Agencies**			
Sign to Agree:		Date:/...../ 2020	

If you require extra paper for Employee/Educational References, please ask Reception

Employment History - 5 Years Checkable Working References Essential							
From			To			Job Title:	Salary:
DD	MM	YY	DD	MM	YY		
Company Name				Brief Description of Duties			Reason For Leaving
Address							
Number							
Fax							
Email							
Can we contact this Company for a reference?				YES <input type="checkbox"/>			NO <input type="checkbox"/>
To whom do we contact for a Reference? Please also state their Job Title							

From			To			Job Title:	Salary:
DD	MM	YY	DD	MM	YY		
Company Name				Brief Description of Duties			Reason For Leaving
Address							
Number							
Fax							
Email							
Can we contact this Company for a reference?				YES <input type="checkbox"/>			NO <input type="checkbox"/>
To whom do we contact for a Reference? Please also state their Job Title							

From			To			Job Title:	Salary:
DD	MM	YY	DD	MM	YY		
Company Name				Brief Description of Duties			Reason For Leaving
Address							
Number							
Fax							
Email							
Can we contact this Company for a reference?				YES <input type="checkbox"/>			NO <input type="checkbox"/>
To whom do we contact for a Reference? Please also state their Job Title							

If you require more space for Employee/Educational References, please ask Reception

Education History (Last 5 years ONLY)							
From			To			End Date:	
DD	MM	YY	DD	MM	YY		
School/College/University				Qualification/Training and Results			Reason For Leaving
Address							
Number							
Fax							
Email							
To whom do we contact for a Reference? Please also state their Job Title							

From			To			End Date:	
DD	MM	YY	DD	MM	YY		
School/College/University				Qualification/Training and Results			Reason For Leaving
Address							
Number							
Fax							
Email							
To whom do we contact for a Reference? Please also state their Job Title							

Referees	
Please provide details of two referees who are able to assess your character— They must not be a relative, must not live with you And known you for minimum 5 years	
Name	Names
Address	Address
Post Code	Post Code
Occupation	Occupation
Telephone Number	Telephone Number
Mobile Number	Mobile Number
How do you know this person?	How do you know this person?

Medical History and Health Issues					
Please tick where relevant the following ailments so that we are able to provide you with the appropriate type of support. IF NONE APPLY TICK HERE <input type="checkbox"/>					
Blind or visually impaired	<input type="checkbox"/>	Learning Difficulty e.g. dyslexia, dyscalculia	<input type="checkbox"/>	Serious diarrhoea or vomiting	<input type="checkbox"/>
Deaf or hearing impaired	<input type="checkbox"/>		Mental Health Issues (please state)	<input type="checkbox"/>	Health factors that may affect your fitness to work during nights
Epilepsy	<input type="checkbox"/>	Musculoskeletal Problems e.g. upper limb disorders		<input type="checkbox"/>	Sickness or illness which has caused you to be absent from work for more than one week, (please state)
Asthma	<input type="checkbox"/>		Allergy to food, chemical, dust and fumes, (please state)	<input type="checkbox"/>	Taking any regular medication for a health or medical condition that we need to be aware of?
Skin Condition, e.g. dermatitis	<input type="checkbox"/>			<input type="checkbox"/>	ANY OTHER ILLNESS that causes you to be absent from work please STATE BELOW
Back trouble	<input type="checkbox"/>				
Diabetes	<input type="checkbox"/>				
Heart or circulatory problems	<input type="checkbox"/>				

Ensuring Equal Opportunities							
Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorce <input type="checkbox"/>	Other <input type="checkbox"/>			
Ethnic Origin	White/European <input type="checkbox"/>	Black/European <input type="checkbox"/>	African <input type="checkbox"/>	Indian <input type="checkbox"/>	Arab <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other <input type="checkbox"/>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>				
Disability	Have you a disability you would like us to know about?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have a disability, what adjustments, if any, can we make to assist your application?							

Convictions	
Have you ever been convicted or prosecutions pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any unspent convictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' are they less than 5 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases details of all criminal convictions must be given. A declaration that the person being recruited has no criminal convictions other than any treated as spent under the provisions of the Rehabilitation of Offenders Act 1974¹² and those disclosed on the form. The information given will be treated in the strictest confidence and only taken into account where, in the reasonable opinion of B, the offence A.I.R Consultants Ltd is relevant to the post for which you are applying. Failure to declare a conviction may require us to terminate or withdraw an offer of employment if the offence is not declared but later comes to light. A.I.R Consultants Ltd will require you to provide a Criminal Record Check through DBS. In certain cases A.I.R Consultants Ltd will require you to provide a Foreign Criminal Record Check.</p>	

Your skills, abilities and experience are essential qualities which are needed for providing a quality service and creating a successful business. Read the descriptions carefully and give examples of how you have demonstrated the skills listed.

Team Work - What aspects of teamwork do you find challenging?

Customer Service - Please describe a situation where you have demonstrated Customer Service Skills. What did you do?

Experience - Please describe any relevant experience you have. This may have been gained from studies, voluntary work, training, ect.

Additional Information for DBS (Police Check)

Town of birth

Mothers maiden Name

Name at birth (if different due to marriage/ Deed poll)

National Insurance Number

Nationality

Current Full address

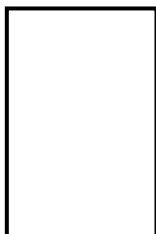
Date of resident

If less then 5 years , list ALL Previous addresses for last 5 years with dates

Date of resident

Declaration

I declare that the information given in this form is complete and accurate and to the best of my knowledge. Any false statement may lead to refusal of employment or disciplinary proceedings or summary dismissal. I understand that any engagement entered into is subject to a probationary period, satisfactory reference and documentary evidence of your National Insurance of other proof of your right to work in the UK and a satisfactory medical examination (if required). I have no Criminal Convictions other than those already stated in this form. I authorise you to approach my former employers, Educational Establishments, Government Agencies and Personal Referees for verification of information. I accept that a final offer of Employment is conditional upon A.I.R Consultants Ltd receiving a satisfactory Criminal Record Check / Counter Terrorist Check.



Thumb Print



Signature

Date of Registration ____/____/2020