



APPLICATION FOR EMPLOYMENT

Application Details

Position applied for _____ Date of application _____

Name _____

Full postal address _____

_____ Postcode _____

Telephone (incl STD code) _____ National Insurance No _____

General Information

<p>Are you legally eligible for employment in the UK? If you are not a UK or European Economic Area national, please state your work permit number.</p> <p>_____</p> <p>If no please give brief details</p> <p>_____</p> <p>You will be required to provide evidence of your eligibility to work in the UK. E.g. passport or birth certificate if you are successful. A copy of this will be retained in line with current legislation.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Have you at any time been convicted of a crime resulting in the imposition of a prison sentence (actual or suspended)?</p> <p>If yes please give brief details You need not disclose convictions spent under the Rehabilitation of Offenders Act 1974.</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Do you hold a clean UK driving licence? If no list endorsements</p> <p>_____</p> <p>If you have only a non-UK driving licence, then please give details.</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Have you been employed by this company before? If yes, give job titles, dates and reasons for leaving.</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Are you in general good health? If no, please state any medical conditions (Attach a separate sheet if necessary)</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Date available for work</p> <p>_____</p> <p>Would you relocate if required?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Are you receiving any medical treatment? If yes, please give details</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Are you registered disabled? If yes, please give registered number and expiry date</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

Please give number of days sick in last 12 months. _____		Are there any measures or adjustments that we may need to consider for you in the arrangements that we make for interview? If so please give details. _____ _____	
Where overtime is an essential requirement of the job, would you work overtime if needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Where travelling is an essential requirement of the job, would you travel if the job requires it?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Skills and Qualifications

Summarise your record of training, specialist courses and experience relevant to the post.

Educational Background

Name & location of school/college/university	From/To	Qualification(s)	Subject(s)

Employment History

Give details of your last four positions, starting with the most recent.

From/To	Employer	Telephone
Job Title	Address	
Title of immediate supervisor	Summarise duties	
Reason for leaving		
	Salary Start £	per Final £
	per	

From/To	Employer	Telephone
Job Title	Address	
Title of immediate supervisor		
Reason for leaving	Summarise duties	
	Salary Start £	per Final £
	per	

From/To	Employer	Telephone
Job Title	Address	
Title of immediate supervisor		
Reason for leaving	Summarise duties	
	Salary Start £	per Final £
	per	

From/To	Employer	Telephone
Job Title	Address	
Title of immediate supervisor		
Reason for leaving	Summarise duties	
	Salary Start £	per Final £
	per	per

Main Interests and Hobbies

References

Please give below details of two people (one of which must be the current / last company for whom you worked) who are willing to give you a reference and tick when to contact. At any time Only if we offer you the job

Name	Position and capacity known	Contact Address	Telephone No	Years known

Additional Information (relevant to your application - continue on separate sheet if necessary)

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by law.

Declaration

I understand and agree that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination of my employment if discovered after I have commenced employment.

I agree that the prospective employer may investigate all references and secure additional information about me, if job related. I hereby release from liability the prospective employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

Applicant's signature _____ Date _____

Unless otherwise instructed please forward this application marked private and confidential to:

Personnel Department, Microsense Systems Ltd, Meon House, 10 Barnes Wallis Rd, Segensworth, Fareham, Hampshire, PO15 5TT. Should you have any queries concerning this form please telephone: 0845 201 2712.

Equal Opportunities - personal information

The company seeks to recruit employees on the basis of their suitability for a position and aims to ensure that consideration of age, sex, marital status, disability and racial or ethnic origin should play no part in this process. In order to monitor the effectiveness of this commitment, we would ask you to complete this section. The details you give will be used for no other purpose than as stated above. This information will be treated as strictly private and confidential.

Ethnic origin	<input type="checkbox"/>	Afro-Caribbean	<input type="checkbox"/>	Asian / Asian British
	<input type="checkbox"/>	White British	<input type="checkbox"/>	European (please specify)
	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Black British
	<input type="checkbox"/>	Other (please specify)		
Disabilities (specify)				
Registered Disabled No (where relevant)				
Gender		Male	<input type="checkbox"/>	
		Female	<input type="checkbox"/>	
Date of birth				

Please complete and return along with the application form to the Personnel Department, Meon House, 10 Barnes Wallis Road, Segensworth, Fareham, Hants PO15 5TT.