

# APPLICATION FOR EMPLOYMENT

##### The Hearing Care Centre Ltd

11 Upper Brook St, Ipswich, Suffolk, IP4 1EG

Tel: 01473 230330 Web: [www.hearingcarecentre.co.uk](http://www.hearingcarecentre.co.uk)

**1 Personal details**

 To be completed in your own handwriting in black ink - If you wish to elaborate on any area please attach extra pages as applicable.

|  |
| --- |
| **Surname: Title:** |
| **Forenames:** |
| **Address:** |
| **Daytime telephone number:** |
| **Evening telephone number:** |
| **Mobile telephone number:** |
| Email address: |
| **Position applied for:**  |
| **Are you eligible to work in the UK:** YES NO |
| Do you hold a full current UK driving licence: YES NO |
| Have you any court convictions\* or are any proceedings pending : YES NO |
| If yes, give nature of offence and date of convictions: |
| Have you been a Partner, Director, Controller or Senior YES NOManager of a business within the last 5 years?  |
| If yes, give date of previous application: |

 \* Other than as a spent conviction under the Rehabilitation of Offenders Act 1974.

### 2 Further/Higher Education

(Any offer made will be subject to verification of qualifications)

|  |  |  |
| --- | --- | --- |
| College/University attended | Qualification (eg. Degree, NVQ, other professional qualifications) | Grade/Result and date obtained |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 **General Education**

|  |  |  |
| --- | --- | --- |
| School attended | Qualifications (eg. GCSE’s or equivalent) | Grade |
|  |  |  |

**Other training courses attended**

|  |  |  |
| --- | --- | --- |
| Course title | Date  |  |
|  |  |  |

## 3 Professional Membership

|  |  |  |
| --- | --- | --- |
| Professional Body | **Professional Qualifications** | **Year Attained** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## 4 Career History

Please provide details of all previous employment, starting with the present or most recent position and include any periods of unemployment or absence from employment for any reason. Please ensure all reasons for leaving employment are accurate, as references will be taken. *Please continue on a separate sheet if more space is required.*

|  |
| --- |
| **Name and Address of Employer:** |
| Dates from to  |
| **Job Title:** |
| **Nature of Duties:** |
| **Salary:**  |
| Reason for Leaving: |

|  |
| --- |
| **Name and Address of Employer:** |
| Dates from to  |
| **Job Title:** |
| **Nature of Duties:** |
| Reason for Leaving: |

|  |
| --- |
| **Name and Address of Employer:** |
| Dates from to  |
| **Job Title:** |
| **Nature of Duties:** |
| Reason for Leaving: |

**5 Additional information**

|  |
| --- |
| Please use this space to provide any information about yourself, which you feel would support your application. *(Continue on a separate sheet if required.)* |

**6 References**

Please give the name and address of at least two business referees, to include your current or most recent employer and your previous employer. If you have had more than 2 employers in the last 5 years, please provide the names and contact details of previous employment to cover the 5 year period. Please ensure you have received permission from those whose personal data you are providing here.

|  |
| --- |
| **Surname: Title:** |
| **Forenames:** |
| **Occupation:** |
| **Organisation:** |
| **Address:** |
| Daytime telephone number: |
| **Email address:** |

|  |
| --- |
| **Surname: Title:** |
| **Forenames:** |
| **Occupation:** |
| **Organisation:** |
| **Address:** |
| **Daytime telephone number:**  |
| **Email address:** |

## 7 Declaration

The details on this application form are correct to the best of my knowledge and will form part of any contract of employment. I understand that to make false declarations could lead to my employment with the company being terminated. In the interests of security and health and safety, any offer made will be subject to satisfactory outcomes from the following checks:

* Identity checks
* Medical (notwithstanding your rights under the Equality Act 2010 with regard to disability)
* Credit check
* DBS check

 By signing this application form, I agree to these checks taking place, should I be made an offer and that I

have read and understood the Hearing Care Centre Ltd Privacy Notice for Applicants.

I consent/ Do not Consent to my details being retained on file for a period of six months should another suitable vacancy arise

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_**

**Please return your application form to:** Employment Department | The Hearing Care Centre Ltd
11 Upper Brook Street | IPSWICH | Suffolk | IP4 1EG

The Hearing Care Centre Ltd is committed to providing equal opportunities for all members of the community, its staff and customers.