

EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			

Contact Tel. No:	Mobile Tel No.
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Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			

Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?	YES/NO
If YES, please give full details.	

Are you subject to any restrictions or covenants which might restrict your working activities?	YES/NO
If YES, please give full details	

Are you willing to work overtime and weekends if required?	YES/NO
Please give details of any hours which you would not wish to work:	

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?	YES/NO
If YES, please give full details	

If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?	YES/NO
If YES, please give full details	

Have you ever worked for this business before?	YES/NO
If YES, please give full details	

Have you applied for employment with this business before?	YES/NO
If YES, please give full details	

Do you need a work permit to take up employment in the U.K.?	YES/NO
If YES, please give full details	

How much notice are you required to give to your current employer?	
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EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

Name of present or last employer:		
Address:		
Telephone No:		
Nature of business:		
Job title and a brief description of your duties:		
Reason for Leaving:		
Length of Service:	From:	To:

Amendments 1st October 2006

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INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

Signature:	Date:
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REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No.:	Tel. No.:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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