

EMPLOYMENT HISTORY (beginning with your most recent Employer)

Length of Employment	Name & address of Employer	Job Title	Duties	Rate of Pay	Reason(s) for Leaving

Length of Employment	Name & address of Employer	Job Title	Duties	Rate of Pay	Reason(s) for Leaving

Notice period required with current Employer:

DECLARATION
(Please read this carefully before signing the Application Form)

I confirm the above information is complete and correct.

*Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information.
If your application is successful, your employment may be terminated should any subsequent information come to light once you have been appointed.*

If my Application for Employment is successful, I authorise you to contact my doctor for further details and confirmation of my state of health.

If my Application for Employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties and for provision of medical information as part of an occupational health scheme or private medical insurance scheme.
I have given my explicit consent freely.

I authorise you to contact the above two stated referees.

Signed:

Dated: