

EMPLOYMENT APPLICATION FORM LERWICK PORT AUTHORITY

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:			

Private Tel. No:	Business Tel. No:
National Insurance No.:	Next of Kin:
	Address:

Full Driving Licence:	YES/NO	Do you have a Bank Account?	YES/NO
Endorsements:	YES/NO	Do you hold a UK passport?	YES/NO

If YES, give 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		
Are you prepared to undergo a medical examination prior to employment?		YES/NO
Have you ever worked for this business before?		YES/NO
Are you related to any person employed by this business?		YES/NO
If YES, please give full details:		
Have you applied for employment with this business before?		YES/NO
Do you need a work permit to take up employment in the UK?		YES/NO
How much notice are you required to give to your current employer?		

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations.

Please list any foreign languages spoken and the level of competence.

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:	
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Address:	

Telephone No:	
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Nature of business:	
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Job title and a brief description of your duties:	

Length of Service:	From:	To:
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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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