

Barbers Rural LLP are an equal opportunity employer. All information provided will be treated in the strictest of confidence and will be used to ensure the provision of equal opportunities for all applicants.
Please note that questions marked * are optional.

Barbers Rural LLP

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Application for Employment
(PLEASE COMPLETE IN INK AND USE BLOCK CAPITALS)

Date Form Completed :

Forename(s) :	
Surname :	
Position Applied For :	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Home Address :	
Post Code :	
How long have you lived at your current address : _____ Years _____ Months	
Home Tel :	Work Tel :
Mobile Tel :	E-Mail :
Date of Birth*:	
Would you have to move home if offered this job : Yes / No	
Do you require a permit to work in the UK ? Yes / No	

SECONDARY EDUCATION			FURTHER EDUCATION		
From	To	Name of School (s)	From	To	Name of College, University, etc

EXAMINATION RESULTS / QUALIFICATION OBTAINED		

EMPLOYMENT			
Name of Present Employer (Last if not currently employed)	Job Title and Main Duties	Start Date	Leave Date
Reason for Leaving			
Average Gross Pay	£	Hour / Week / Month	Start Date
Previous Employers	A		
	B		
	C		

HEALTH	
Height :	Weight :
Are you currently under the care of a doctor or other medical professional ?	
State main causes of past ill-health which have resulted in time off work :	
If successful are you willing to work overtime?	YES / NO
State any smoking habits :	
Would you be willing to have a medical examination if deemed necessary?	YES / NO

PLEASE NOTE THAT OFFERS OF EMPLOYMENT MAY BE CONDITIONAL ON YOU PASSING A MEDICAL EXAMINATION

Please circle if any of the following apply or have applied in the past to you. Please give details below where appropriate	
Circulatory problems such as varicose veins, phlebitis, thrombosis	YES / NO
Heart problems such as angina, high blood pressure, heart attack	YES / NO
Chest problems such as asthma, pleurisy, pneumonia or bronchitis	YES / NO
Diabetes	YES / NO
Epilepsy, fainting attacks or blackouts	YES / NO
Skin disorders	YES / NO
Dyslexia	YES / NO
Sight problems such as partial blindness, colour blindness	YES / NO
Hearing problems such as partial deafness	YES / NO
Migraines, severe headaches or other head related illnesses	YES / NO
Recent operation or fracture	YES / NO
Arthritis, rheumatism	YES / NO
Back trouble, injury to bones, joints, tendons, including wrist tendons	YES / NO

A claim for industrial injury	YES / NO
Worked in an industry with high noise levels	YES / NO
Suffered any illness which caused you to be off work for 2 weeks or more, or which may affect your employ	YES / NO
Experienced surgical operation, serious personal injury, medical investigation or X ray	YES / NO
Mental illness or depression	YES / NO
Any other significant health problems ? (If yes, please give details)	YES / NO

Are there any unspent convictions which you need to declare under the Rehabilitation of Offenders Act? If yes, please give details.	YES / NO
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Summarise job skills acquired and specialist training received :	
What qualities do you have which most suit you to the job for which you are applying?	
What are your main interests, sports and hobbies?	
What clubs or societies do you belong to?	
What professional bodies do you belong to?	
Do you undertake any public duties? (eg. Councillor, Justice of the Peace, Territorial Army, School Governor, Military or Legal Government, etc) (If yes, please give details)	YES / NO

REFERENCES		Can they be contacted now ?
A. Experience	Name: Address: Contact No:	YES / NO
B. Character	Name: Address: Contact No:	YES / NO

AVAILABILITY - Please give details	
When would you be available for an interview?	
If offered this job when could you start?	
Do you have any holiday commitments? (If yes, please give details)	
How did you hear about this job? If responding to an advertisement, please give details.	
Are any of your relatives currently employed (or been employed in the past) by Barbers Rural LLP? (If yes, please give names)	YES / NO
Have you previously worked for Barbers Rural LLP?	YES / NO
Do you have a current driving licence?	YES / NO
If your application is successful, how do you propose to travel to and from work?	
Have you ever been disqualified from driving?	YES / NO
Do you have any previous driving related convictions or prosecutions pending?	YES / NO
Have you previously attended an interview at Barbers Rural LLP? (If yes, please give details)	YES / NO

DECLARATION	Please read this carefully and date your application
I confirm that the above information is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made. I also understand that questions left unanswered may be discussed at interviews arising from this application.	Signed : _____ Dated : _____
Please Note : You may be requested to complete a further form in connection with this application	