

Blacklands Business Centre, 15 Fearon Road,

Hastings, East Sussex, TN342EP

**Email:** admin@rbhealthandsafety.co.uk **Website:** www.rbhealthandsafety.co.uk

# Job Application form

Please extend any section if necessary. If additional sheets are used, please ensure they show your full name and the position applied for.

|  |  |
| --- | --- |
| Full Name |  |
| Job being applied (inc full or part time) |  |
| Address |  |
| Telephone (mobile and landline) |  |
| Email Address |  |
| Education and training  |
| List all qualifications.  |  |
| Employment history |
| **Present employer name and address**  |  |
| Job title |  |
| Dates employed from - to |  |
| Duties |  |
| Rate of pay |  |
| **Previous employer name and address** |  |
| Job title |  |
| Dates employed from – to |  |
| Duties |  |
| Rate of pay |  |
| Reason for leaving |  |
| Please tell us about other jobs you have done and about the skills you used and/or learned in those jobs. |  |
| Please tell us why you applied for this job and why you think you are the best person for the job. |  |
| Have you undertaken any other training that is relevant to this position? |  |
| Do you consider yourself to be disabled under the Equality Act 2010?  | YES / NO |
| Do you require any particular arrangements for an interview? If yes, please give details. | YES / NO |
| Please tell us if you need any special requirements to enable you to take up this post successfully. |  |
| How did you hear about this vacancy? |  |
| Have you ever had a grievance at work or had your employment contract terminated?If yes, please give details. | YES / NO |
| How much notice do you need to give in your current position? |  |
| Please provide two references, one from each of your last two paid positions or educational establishments. Referees will not be contacted prior to interview, unless consent from the applicant has been obtained. |
| **Reference 1** |
| Name: | Job Title: |
| Address: |
| Phone number: | Email address: |
| **Reference 2** |
| Name: | Job Title: |
| Address: |
| Phone number: | Email address: |

 **I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.**

Signature .................................................. Date …………

 **Data Protection** RB Health and Safety Solutions Ltd will deal with all sensitive personal data with the utmost confidence in line with the requirements of the Data Protection Act. Sensitive personal data will only be used for general statistical and monitoring purposes and will not be take into account in short listing your application. All data will be stored and destroyed in line with Data Protection legislation.