

APPLICATION FOR EMPLOYMENT

(This form is to be fully completed in the applicants own handwriting)

Position applied for:					
Which DGS Branch is the position in?					
Where did you hear	of the vacancy?				
PERSONAL DETAILS					
Full Name:					
Current Address:		Home Phone Number:			
		Mobile Phone Number:			
Postcode:		Email Address:			
1 Osteode.					
FULL EMPLOYMENT	HISTORY				
Employers Name & Location	Employed From / To	Job Title / Main Duties	Salary on Leaving	Reason for Leaving	
EDUCATION / TRAIN		1:n a			
Date Q	ualification / Train	iing			

Page **1** of **3**



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ADDITIONAL INFORMATION		
Please use this space to say why you are interested in the post for which you have applied, why you		
believe you are the best person for the job and provide any other information that may assist your		
application.		

GENERAL INFORMATION (*Delete as applicable)				
Have you worked for DGS before in any capacity?	YES / NO*			
If YES, please provide dates of employment and reason for leaving:				
Do you know anybody who currently works for DGS?	YES / NO*			
If VEC also state as an addle solation ship to see				
If YES, please state name and the relationship to you:				
When would you be able to start / what notice period do you have				
to serve your current employer?				
Are you legally eligible for employment in this country?	YES / NO*			
Do you require a work permit for this country?	YES / NO*			
Please give details of any special arrangements or adjustments you				
would require to attend an interview:				
Do you hold a current UK driving licence?	YES / NO*			
	!			
If YES, do you have any current endorsements and what are they for?				
Do you do any other work paid or unpaid not previously declared?	YES / NO*			
If YES, please give details:				
Are you able to fulfil the requirements of the role as described in	YES / NO*			
the advert?				
What is your current salary and/or your salary expectation?				

REFERENCES						
Please provide the name of two people that can be contacted on your behalf to gain a work reference.						
Your referees will not be contacted until a firm offer of employment is made and accepted by you.						
Contact Name		Contact Name				
Company Name		Company Name				
Job Title		Job Title				
How they are known		How they are known				
to you?		to you?				
Company Address inc.		Company Address inc.				
Postcode		Postcode				
Company Tel. Number		Company Tel. Number				

Page **2** of **3**



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Contact Email	Contact Email					
		-				
Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974.						
If none, please state:						
IMPORTANT						
Please read carefully be	fore signing this form. An offer of employment made l	by this Company is				
conditional upon:						
 You providing sa 	tisfactory documentary evidence of your legal right to	work in the UK.				
The facts given b	y you on this application being accurate and truthful.					
The company ob	taining satisfactory references, including satisfactory of	discharge papers if ex-force.				
Declaration						
By signing this form, you	authorise the Company to disclose to its insurers any	of the information you				
have provided.						
I declare that the inform	ation I have given on this form is to the best of my kno	owledge, true and				
complete. I understand	that if it is subsequently discovered any statement is f	alse or misleading, or that I				
have withheld relevant i	nformation, my application may be disqualified or, if I	have already been				
appointed, I may be disr	nissed. I hereby give my consent to the Company proc	cessing the data supplied on				
this application form for	the purpose of recruitment and selection. I accept tha	at if my application is				
successful, this applicati	on form will form part of my Personnel file and, in tha	t case, I consent to the data				
on it being processed fo	all purposes in connection with my employment.					
Signature:	Date:					
FOR OFFICE USE ONLY						
Application form evalua	ted by:					
• • • • • • • • • • • • • • • • • • • •	,					
Date:						
2 4.6.						
Comments:						

Page **3** of **3**