

CONFIDENTIAL WHEN COMPLETED



Hantec Systems
Management & Software Consultants

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APPLICATION FOR EMPLOYMENT FORM

Applications will only be processed when **ALL** sections of this form have been completed.

EVERY question MUST be answered. If not applicable write **N/A**.

Please answer **ALL** questions in **CAPITALS**, using a **BLACK BALL POINT PEN**.

PART 1: PERSONAL DETAILS OF APPLICANT

National Insurance Number: _____

Surname (Mr/Mrs/Miss/Ms): _____

All Forenames: _____

Any Previous/Maiden Surname(s): _____

Date of Name Change(s), if applicable: _____

Nationality: _____

Date of Birth: _____

Telephone Number (including STD code): _____

Mobile Number: _____

E-mail address: _____

Home Address: _____

County: _____

Country: _____

Post Code: _____

How long at this address? _____

If you have not lived at the above address for five years or more, please complete the Previous Home Address section below.

Previous Home Address (less than 5 years): _____

County: _____

Country: _____

Post Code: _____

Name & Address of Next of Kin: _____

County: _____

Country: _____

Post Code: _____

Telephone Number (including STD code): _____

PART 2: BACKGROUND INFORMATION

EVERY question MUST be answered.

Please answer **ALL** questions in **CAPITALS**, using a **BLACK BALL POINT PEN**.

Do you hold a full driving licence?
Answer Yes or No

Give details of motoring offences:
If None, write NONE.

Give details of any cautions or convictions for criminal offences, which are not SPENT under the Rehabilitation of Offenders Act: 1974, including pending actions:
If None, write NONE.

Give details of any bankruptcy proceedings and outstanding court judgements for debt:
If None, write NONE.

Give details of any/all occasions when you have been dismissed by an employer:
If None, write NONE.

PART 3: QUALIFICATIONS

Give details of all qualifications applicable to this application, including grade obtained:

Establishment	Course Title	Examination Date	Grade Obtained

PART 5: EDUCATION & EMPLOYMENT HISTORY (continued)

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Establishment:	
From:	/
To:	/
Employee ID Reference:	
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held: Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

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Establishment:	
From:	/
To:	/
Employee ID Reference:	
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held: Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

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Establishment:	
From:	/
To:	/
Employee ID Reference:	
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held: Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

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Establishment:	
From:	/
To:	/
Employee ID Reference:	
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held: Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

DECLARATION BY THE APPLICANT:

1. I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS 7858.
2. I undertake to cooperate with the Company in providing any additional information required to meet these criteria.
3. I understand that my present employer will be contacted. I further understand that any offer of employment may be withdrawn if the security screening is not concluded satisfactory.
4. I authorize the Company and/or its nominated agent to approach previous employers, schools/colleges, character referees, DWP or Government Agencies to verify that the information I have provided is correct for reference purposes. I further acknowledge that Hantec Systems may use the information contained within this application, to conduct Security Screening to BS 7858:2006, on behalf of the Company to whom I am applying.
5. I authorize the Company or its nominated agent to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies.
6. I understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records. I understand that all information given will be held in the strictest confidence and that Hantec Systems are registered under the Data Protection Act 1998 - Registration Number Z5864976.
7. I accept that I may be required to undergo a medical examination where requested by the Company, subject to the Access to Medical Records Act 1988. I consent to the results of such examinations to be given to the Company.
8. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment.
9. I hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct. I understand that any false statement or omission to the Company or its representatives may render me liable to dismissal without notice.
10. I acknowledge that personal data will be used for the purposes of security screening and that any documents presented to establish my identity and proof of residence may be checked using an ultra violet scanner or other method to deter identity theft and fraud. I further acknowledge that if any of the original documents provided to establish identity appear to be forgeries will be reported to the relevant authority.
11. I hereby give Hantec Systems my express permission to receive and open the returned disclosure and to subsequently forward to my present employer, where applicable.

WARNING it is an offence if you knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain, a Disclosure.

Please remember to send copies of official documentary evidence which confirms current home address and another confirming date of birth.

Signed: _____

Name (CAPITALS): _____

Date: _____

