



Application for Employment:

For Position of: Department :

PERSONAL INFORMATION (In Confidence)

Surname: First Name: Miss/Mr/Mrs

Address:

..... Postcode:

Telephone Number: (Home): Other:

(Work- if it is acceptable to contact you at work):

E-mail address:

REFEREES

Please give names and addresses of two referees, one should generally be your current or most recent employer/college or school.

Name:
Position:
Company:
Address:
.....
.....
Tel:

Name:
Position:
Company:
Address:
.....
.....
Tel:

HULL AND EAST RIDING INSTITUTE FOR THE BLIND

Beech Holme, Beverley Road, HULL, HU5 1NF

Tel: 01482 342297 Fax: 01482 443111

e-mail: mail@herib.co.uk

Registered Charity Number 223668

EDUCATION AND QUALIFICATIONS (relevant to the post)

Please give details:

Qualification Attained	Grades	Date	Where

HOBBIES AND INTEREST

GENERAL STATEMENT

Is there anything you would like to tell us which may support your application.

Please continue on separate sheet if required

NOTICE PERIOD

If you are offered the position when would you be able to start/how much notice do you need to give?

Do you have a current full driving license? YES/NO

Do you have the right to work in the UK? YES/NO

(If applicable), please give details of whether you as the applicant requires a work permit or is otherwise subject to immigration control. If invited to interview you will be required to provide appropriate documentation.

If you were called for an interview would we need to make any special arrangements. YES/NO
If Yes please give details

This post is exempt under the Rehabilitation of Offenders Act 1974 and you are required to reveal all convictions, even those which are spent. Do you have any convictions or does your name appear on a barred adult's or children's list? YES/NO

If yes please give details:

Signed by applicant : Date:

OFFICE USE

Interviewed on (Date): By:

Relevant Details:

Comments:

References taken up by letter/telephone (Date):