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Worthington Way
Wigan
WN3 6XJ

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Interview Application Form

Vacancy Title:

Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone No.

E-mail Address:

National Insurance No.

Driving Licence

Yes No

Do you hold a full, clean driving licence valid in the UK?

Details of any endorsements:

Education/Qualifications

Schools/Colleges/University	Qualifications and Grades

Employment History

Previous Employment: Please include any previous experience (paid or unpaid), starting with the most recent first.

Name & Address Of Employer	Job Title	Brief Outline of Duties	£ Rate of Pay	Reason for Leaving

Notice required in current post:

Are you subject to any conditions relating to your employment in this country?

YES/NO

If "yes" please use the space below to tell us what these are?

Please indicate if you intend to continue to work in any other capacity whilst employed at Link – i.e. other part time work?

Yes/No

If yes, please give details below:

References

Please give the details of **two** references – *(please do not put family members or people you live with)*

Name/Address of Referee and relationship to you:

Name?Address of Referee and relationship to you:

Criminal Record

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please State. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Disclosure Scotland.

Declaration

Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

1. I agree that Link Contracting can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the General Data Protection Regulations (GDPR).
2. I agree that the organization reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Disclosure Scotland for an enhanced disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:

Date: