

New Beginnings Job Seekers Application Form

This section to be filled in by New Beginnings

Proof of Identification:		
Passport ID Number:	Relevant Documentation has been provided: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	ID Number Applicant ID Number
Work Permit Number:	Relevant Documentation has been provided: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	
Proof of Address:	Relevant Documentation has been provided: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	

The remaining sections to be filled in by Applicant.

Personal Details:		
Last Name:	Title:	
First Name:	National Insurance Number:	
Address:		
Post Code:		
Telephone No: Home	Telephone No: Work	Mobile:
Email address:		

Education:

Place of Study	Qualifications	Subject	Date	Grade

Technical or Professional Membership/Qualifications:

Institute	Grade of Membership	Year of membership

Employment Details: (including Work Experience, Training Schemes e.g. YT, ET, New Deal)**Present post/most recent post**

(if you are currently unemployed please give your most recent post with date of finish and reason for this)

Name & Address of Employer	Employer's Business	Date		Position & Present Salary
		From	To	

Do you have any additional employment which you intend to continue if appointed to this post?

Yes/No (please delete as appropriate) If yes, please detail the nature of the work and the hours

Period of notice required or termination date:

How many **periods** of absence from work due to sickness have you had in the last 3 years?How many **days** of absence due to sickness have you had in the last 3 years?

Specialist Skills: (please tick the box which most reflects the standard of your work)

	Excellent	Good	Satisfactory	Poor
Microsoft Word (or similar programme)				
Microsoft Excel (or similar programme)				
Microsoft Access (or similar programme)				
Microsoft Powerpoint (or similar programme)				
Microsoft Outlook (or similar programme)				
Microsoft Publisher (or similar programme)				
Book Keeping				
Shorthand				
Payroll				
Audio Typing (WPM)				
Copy Typing (WPM)				
Accountancy				
Marketing				
Other Computer Programmes used:				
Other relevant expertise:				

Work Requirements:

Please specify your preference by ticking the boxes and filling in the blank spaces below:

Contract:	Salary:
Permanent <input type="checkbox"/>	Gross annual salary required:(Minimum) £
Temporary <input type="checkbox"/>	Hourly Rate of pay required: (Minimum) £
Full Time <input type="checkbox"/>	Drivers License:
Part Time <input type="checkbox"/>	Do you hold a valid UK Driving License? Yes <input type="checkbox"/> No <input type="checkbox"/>
Under 10 hrs <input type="checkbox"/>	Full <input type="checkbox"/> Clean <input type="checkbox"/> Provisional <input type="checkbox"/> other <input type="checkbox"/>
10 – 16 hrs <input type="checkbox"/>	How far are you prepared to travel?
16 – 35 hrs <input type="checkbox"/>	Up to 5 miles <input type="checkbox"/> Up to ten miles <input type="checkbox"/> Over ten miles <input type="checkbox"/>

Please specify, by ticking the boxes below, what type of work you would be interested in:

Bookkeeping <input type="checkbox"/>	Office Accountant (Senior) <input type="checkbox"/>
Data Entry Clerk <input type="checkbox"/>	Payroll <input type="checkbox"/>
Filing Clerk <input type="checkbox"/>	Reception <input type="checkbox"/>
General Office Clerk <input type="checkbox"/>	Secretarial: medical <input type="checkbox"/> legal <input type="checkbox"/> general <input type="checkbox"/>
Office Accountant (Junior) <input type="checkbox"/>	Telephonist <input type="checkbox"/>
Other (please specify)	

Previous Appointments (from the last 5 years only)

Name & Address of Employer	Appointment	Date		Reason for leaving
		To	From	

Voluntary Appointments (from the last 5 years only)

Name & Address of Employer	Appointment	Date		Reason for leaving
		To	From	

Hobbies and Interests:

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Other Information:

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Referees:

Give names, designations and addresses of **two** persons from whom references can be obtained. One should be your most recent employer

Referee 1		Referee 2	
Name:	Position:	Name:	Position:
Address:		Address:	
Telephone:	Email:	Telephone:	Email:
This reference can be obtained prior to interview Yes/No (please delete as appropriate)		This reference can be obtained prior to interview Yes/No (please delete as appropriate)	

NB: Appointment will only be confirmed subject to satisfactory references

Criminal Convictions:

If you have any convictions to declare please either declare them here or, if you prefer, send details by post.

Declaration:

I hereby confirm that all information given above is to the best of my knowledge true and complete.

.....
Signed

.....
Print Name

.....
Date

Please return form to:

New Beginnings Ethical Recruitment Agency
12A Hope Street, Crook, Co Durham, DL15 9HS
Tel: 01388 768887
Email: newbeginningsrecruitment@aol.com