



**ABLE WORLD (UK) LIMITED**  
**Stapeley Technology Park,**  
**Stapeley CW5 7JW**  
**Tel/Fax. 01270 627111**

## APPLICATION FOR EMPLOYMENT

This form has been designed to tell us about you. Please complete all sections (the form continues over 3 pages) in black ink and return by post to the above address or via email [recruitment@ableworld.co.uk](mailto:recruitment@ableworld.co.uk)

<b>Position Applied For:</b>	
<b>Where did you see the position advertised:</b>	

### Personal Details

<b>Title (Mr/Mrs/Miss etc)</b>	
<b>Surname:</b>	
<b>Forename(s)</b>	
<b>Current Address:</b> (including Postcode)	
<b>Day Time Telephone Number:</b>	
<b>Mobile Number:</b>	
<b>Email Address:</b>	
<b>Are you subject to immigration Control?</b>	YES/NO*
<b>Are you free to take up employment in the UK?</b>	YES/NO*

<b>a) Do you hold a Full Driving Licence?</b>	YES/NO*
<b>b) Do you have any penalty points?</b>	YES/NO*
<b>c) Do you have access to a car on a daily basis?</b>	YES/NO*
<b>If you answered yes to (b) above, please give details:</b>	

## Previous Employment

Please give details of your **last three employment periods** beginning with your present or most recent.

Name and Address of Employer	Current / Final Salary	Job Title and Responsibilities	Date Started	Date Finished	Reason for Leaving

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 mention anything else which supports your application e.g. other training, skills or personal qualities relevant to the post.

**Do you or have you ever had any Criminal Convictions?**

YES/NO\*

If the answer is “yes” and you are invited to attend for interview, you will be expected to give full details of the conviction at the interview. Failure to disclose convictions will mean that your application will be rejected, or, if you are appointed and a conviction subsequently becomes known, you may be dismissed.

<b>If you are successful, when could you take up this position?</b>	
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<b>Are you known to a member of staff currently working for Ableworld?</b> If yes, please include their name and in what capacity they are known to you	
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**References**

Please give details of two referees, **one of whom must be your current/previous employer** or, if this is an application for your first job, your school teacher or higher or further education lecturer. Neither referee should be a relative or contemporary. References will not be taken up until the job offer is confirmed and accepted.

<b>First Referee</b>	<b>Second Referee</b>
Please PRINT name and full address (including Postcode)	Please PRINT name and full address (including Postcode)
<b>Email:</b>	<b>Email:</b>
<b>How is this person known to you?</b> Previous or Current Employer/Colleague/Personal Friend*	<b>How is this person known to you?</b> Previous or Current Employer/Colleague/Personal Friend*

\*Please delete as appropriate

**CONSENT (please tick each box to acknowledge that you have read and understood all statements)**

I hereby give my consent to Ableworld (UK) Ltd processing the data supplied on this application form for the purpose of recruitment and selection. I accept that if my application is successful, this application form will form part of my Personnel file and, in that case, I consent to the data on it being processed for all purposes in connection with my employment.

If I am successful in my application, by signing this declaration I am agreeing to Ableworld (UK) Ltd conducting a DBS Disclosure check through Complete Background Screening for the purposes of a background check appropriate to the role I am applying for.

If unsuccessful in my application I understand my details will be kept on file for a period of 6 months.

I understand I can withdraw my consent at any time by emailing [recruitment@ableworld.co.uk](mailto:recruitment@ableworld.co.uk)

**Declaration**

I know of no health reason that will affect my ability to undertake the duties of the post for which I am applying for.

I declare that the information I have given on this form is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed. I understand I will also be charged a fee to cover the cost of the DBS disclosure.

**Signed:** ..... **Date:** .....