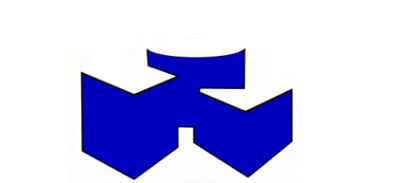
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**G H JOHNSTON BUILDING CONSULTANTS LTD**

**APPLICATION FORM**

|  |  |
| --- | --- |
| **Position Applied for:** |  |

**The following information will be treated in the strictest confidence.**

|  |  |  |
| --- | --- | --- |
| **SURNAME:** |  | |
| **FIRST NAME(S):** |  | |
| **ADDRESS:** |  | |
|  |  | |
|  |  | |
| **POST CODE :** |  | |
| **TELEPHONE NO:** | **Home:** | **Mobile:** |
| **EMAIL:** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Driving Licence:** | YES  NO | **Endorsements:** | YES\*  NO |

\* If YES, please give further details including dates:

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|  |  |
| --- | --- |
| **Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?** | YES\*  NO |

\* If YES, please give full details:

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| --- | --- |
| **Are you subject to any restrictions or covenants which might restrict your working activities?** | YES\*  NO |

\* If YES, please give full details:

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| --- | --- |
| **Are you willing to work overtime and weekends if required?** | YES\*  NO |

Please give details of any hours which you would not wish to work:

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|  |  |
| --- | --- |
| **Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974?)** | YES\*  NO |

\* If YES, please give full details:

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| --- | --- |
| **If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment?** | YES  NO |

|  |  |
| --- | --- |
| **Have you ever worked for this Company before?** | YES\*  NO |

\* If YES, please give full details:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Have you applied for employment with this business before?** | YES  NO |
| **Do you need a work permit to take up employment in the UK?** | YES  NO |

|  |  |
| --- | --- |
| **How much notice are you required to give to your current employer?** |  |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Schools attended since age 11** | **FROM** | **TO** | **Examinations and Results** |
|  |  |  |  |
|  |  |  |  |
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| --- | --- | --- | --- |
| **College or University** | **FROM** | **TO** | **Courses and Results** |
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| --- | --- | --- | --- |
| **Further Formal Training** | **FROM** | **TO** | **Diploma/Qualification** |
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| --- | --- | --- |
| **Job Related Training Courses/ Name of Organisation** | **DATE** | **SUBJECT** |
|  |  |  |
|  |  |  |
|  |  |  |

Please give details of any membership of any technical or professional associations:

|  |
| --- |
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**EMPLOYMENT DETAILS**

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address of employer** | **Dates**  **FROM/TO** | **Position held/Main duties** | **Reason for leaving** |
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**Please continue on a separate sheet if more space is required**

**Present or Last Employer**

|  |  |
| --- | --- |
| **Are you currently employed?** | YES  NO |

|  |  |
| --- | --- |
| **Name of Present or Last employer** |  |
| **ADDRESS:** |  |
|  |  |
|  |  |
| **TELEPHONE NO:** |  |
| **NATURE OF BUSINESS:** |  |
| **JOB TITLE:** |  |
| **Brief description of duties** |  |
| **Reason for Leaving** |  |
| **Length of service:** | **FROM:** **TO:** |

**Interests, Achievements and Leisure Activities**

(e.g. hobbies, sports, club memberships)

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**Supplementary Information**

Please set out below any further information to support your application (e.g. past achievements, future aspirations, personal strengths)

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**Declaration**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Printed:** |  |
| **Date:** |  |

**References**

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

|  |  |
| --- | --- |
| **Can we approach your current employer before an offer of employment is made?** | YES  NO |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Position:** |  | **Position:** |  |
| **Tel. No:** |  | **Tel. No:** |  |

**Source of Application**

|  |  |
| --- | --- |
| **How did you hear of this vacancy?** |  |

**Willow House, Stoneyfield Business Park, Inverness IV2 7PA**

**Tel: (01463) 237229 Fax: (01463) 243258**