



AE Tuition APPLICATION FORM

POSITION APPLIED FOR:

The following information will be treated in the strictest confidence.

Complete this form by filling in the blue boxes.

Personal

Surname:

First name:

Address:

Postcode:

Home telephone number:

Mobile telephone number:

Full Driving Licence: **Yes**

☐

No

☐

Endorsements:

Yes

☐

No

☐

If YES, please give further details
including dates:

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 further details
including dates:

Are you subject to any restrictions or covenants which might restrict your working activities?

Yes

☐

No

☐

If YES, please give further details
including dates:

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:

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 U.K.?

Yes ☐ No ☐

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

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Education

Schools attended since age 11	From	To	Examinations and Results



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Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results

[illegible]



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

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Please list languages spoken and the level of competence:

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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	Position held/Main duties	Reason for leaving



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Present or Last Employer

Are you currently employed?

Yes ☐ No ☐

Name of present or last employer:

Address:

Telephone number:

Nature of business:

Job title & brief description of duties:

Reason for leaving:

Length of service:

From:

To:



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Interests, Achievements, and Leisure Activities

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

Supplementary Information

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

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 NAME:

Date:



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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:

Position:

Address:

Tel No:

Name:

Position:

Address:

Tel No:

Source of Application

How did you hear of this vacancy?

Please use this space if you need to continue your employment, training or education history.