

1

## APPLICATION FOR EMPLOYMENT DETAILS

PLEASE COMPLETE ALL THE SECTIONS ON THIS FORM.

IF YOU HAVE ANY QUERIES OR NEED HELP COMPLETING THE FORM, PLEASE CALL HR ON **0121 725 7116**



### PERSONAL DETAILS

TITLE	
FIRST NAME	
MIDDLE NAME(S)	
LAST NAME	
PREFERRED NAME	

CURRENT ADDRESS		PREVIOUS ADDRESS	
ADDRESS LINE 1		ADDRESS LINE 1	
ADDRESS LINE 2		ADDRESS LINE 2	
ADDRESS LINE 3		ADDRESS LINE 3	
TOWN		TOWN	
COUNTY		COUNTY	
POST CODE		POST CODE	
EMAIL ADDRESS			
HOME TEL NO			
MOB TEL NO			

JOB DETAILS	
WHERE DID YOU SEE THE POSITION ADVERTISED?	
WOULD THIS BE YOUR MAIN EMPLOYMENT?	YES    NO
WHEN ARE YOU ABLE TO START WITH PREMIUM CHOICE?	
DO YOU HAVE ANY HOLIDAYS BOOKED WITHIN THE NEXT SIX MONTHS	YES    NO (IF YES PLEASE PROVIDE THE DATES)
HAVE YOU PREVIOUSLY APPLIED FOR A POSITION WITH OR HAVE BEEN EMPLOYED BY PREMIUM CHOICE?	YES    NO (IF YES PLEASE GIVE DETAILS BELOW )
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY PREMIUM CHOICE?	YES    NO (IF YES PLEASE GIVE DETAILS BELOW )

ARE YOU ON THE ELECTORAL ROLE AT YOUR CURRENT ADDRESS?	YES	NO	DO YOU HAVE ANY CURRENT CCJS OR CCJS IN LAST 5 YEARS? (IF YES PLEASE GIVE DETAILS INC DATES)	YES	NO
DO YOU HOLD A CURRENT FULL CLEAN DRIVING LICENCE (IF NO PLEASE GIVE DETAILS INC DATES)	YES	NO	DO YOU HAVE AN ADVERSE CREDIT HISTORY? (IF YES PLEASE GIVE DETAILS INC DATES)	YES	NO
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE? (IF YES PLEASE GIVE DETAILS INC DATES)	YES	NO	HAVE YOU EVER APPLIED FOR VOLUNTARY BANKRUPTCY? (IF YES PLEASE GIVE DETAILS INC DATES)	YES	NO

## EDUCATION

+Evidence will be required of all qualifications listed below

SECONDARY SCHOOL ATTENDED NAME & ADDRESS	SUBJECT	QUALIFICATION	GRADE OBTAINED

COLLEGE/UNIVERSITY ATTENDED NAME & ADDRESS	SUBJECT	QUALIFICATION	GRADE OBTAINED

PLEASE GIVE DETAILS OF ANY PROFESSIONAL QUALIFICATIONS OR MEMBERSHIPS	PLEASE GIVE DETAILS OF YOUR COMPUTER EXPERIENCE

DESCRIBE THE PARTICULAR QUALITIES AND TALENTS THAT YOU WOULD BRING TO PREMIUM CHOICE AND HOW THE POSITION YOU HAVE APPLIED FOR FITS INTO YOUR CAREER PLANS

OTHER INFORMATION

NATIONAL INSURANCE NO.	
IF YOU ARE A NON EU RESIDENT, DO YOU HAVE A VALID WORK PERMIT?	YES NO
HOW MANY DAYS ABSENCE HAVE YOU HAD IN THE LAST 12 MONTHS? INCLUDING THROUGH OTHER CIRCUMSTANCES EG PARENTAL LEAVE, CARING FOR A RELATIVE (PLEASE GIVE DETAILS)	

+ Please enter the details of the person we should contact at your last 2 employers to obtain suitable references.

If no previous employment, your school, college or university will be contacted.

If neither of these are applicable, please give names and addresses of two referees. They should not be related to you by birth or marriage or be personal friends. We shall not contact any referees until you have accepted a job with us or without your prior agreement.

CONTACT NAME		CONTACT NAME	
DESIGNATION		DESIGNATION	
NAME OF COMPANY, SCHOOL, COLLEGE ETC		NAME OF COMPANY, SCHOOL, COLLEGE ETC	
EMAIL		EMAIL	
ADDRESS		ADDRESS	

+ To enable Premium Choice to monitor our recruitment and ensure that we treat all applicants fairly, please indicate to which of the following ethnical/racial group(s) you belong -

BANGLADESHI		BLACK AFRICAN		BLACK CARIBBEAN		BLACK (OTHER)	
INDIAN		PAKISTANI		WHITE		CHINESE	
OTHER PLEASE SPECIFY							

**DECLARATION**

I hereby declare that all the information on this form is, to the best of my knowledge, true and complete in every respect and accept that any employment is on the basis of the validity of this information.

I have read and understood Premium Choice's privacy statement and give my consent to the organisation handling my information in accordance with the policy.

SIGNED	DATE

**PRIVACY POLICY**

You can access the [privacy policy](#) here.