



Aberlour

PHARMACY

APPLICATION FOR EMPLOYMENT FORM

PRIVATE AND CONFIDENTIAL

Please complete in BLOCK CAPITALS

Job Reference
Number:

Applicant Reference
Number:

Position applied
for:

How did you hear of this vacancy?
(include date)

A. PERSONAL PARTICULARS

Full Name: Mr/Ms/Mrs/Miss	
Address:	Telephone Number (including STD Code) Home: Mobile: Business (Tick box if you do not want to be contacted at work). <input style="float: right;" type="checkbox"/>
N.I. Number:	E-mail address:

B. EDUCATION AND QUALIFICATIONS

QUALIFICATIONS: Please give details of examinations attempted and results (including any examinations failed)

Name(s) and Address(es) of School(s)/College(s)	Dates		Subject/Courses Studied & Level	Examination Result/ Grade (include any examinations failed)
	From	To		



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FURTHER AND HIGHER EDUCATION: Please give details of all further and higher education since leaving school including training courses and details of qualifications

University/College/ Institute Attended	Dates		Subjects Studied Type of Training	Qualifications Obtained
	From	To		

PROFESSIONAL ASSOCIATIONS: Please state whether you are a member of any technical or professional association, and if so, which:

FOREIGN LANGUAGES: Please list any foreign languages you speak and your level of competence, both oral and written:

C. EMPLOYMENT HISTORY

Please all companies you have worked for, starting with the most recent:

Name(s) and Address(es) of Employer(s)	Dates		Position Held/ Main Duties	Salary	Reason for Leaving
	From	To			

D. SUPPLEMENTARY INFORMATION (Continue on separate sheet if necessary).



Please give details of any experience, skill or achievements which you feel may be relevant in your application for employment.

Please give dates of any holidays arranged:

Do you have other work commitments which might limit your working hours? Yes / No

Please detail hours you are available to work under each day below (indicating morning, afternoon, evening, nightshift availability):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Salary Range Expected:

How much notice are you required to give to leave your present employment?

Please list your interests, sports, hobbies, etc.

Do you have a current full driving licence? Yes / No

Does your licence have any current endorsements? Yes / No

If Yes, please give further information:

E. REFERENCES



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Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this job. (One of these must normally be a previous employer).

Can we approach your present/most recent employer? Yes / No

(Tick in box if you do not wish your employer to be contacted before an offer of employment is made)

Name, Position, Address and Telephone Number	Name, Position, Address and Telephone Number

DECLARATION OF APPLICANT

I confirm that the above information is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

I consent to the company processing the information contained herein. I understand that, if successful, the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that the company will retain the form for a maximum of 6 months, and they may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signed _____ Dated _____

APPOINTMENT RECORD (To be completed where there has been an offer of employment).

CONDITIONAL OFFER LETTER

Date sent:
Response:

REQUESTS FOR REFERENCES

Date sent:
Response:

MEDICAL/MEDICAL REPORT

Date sent:
Response:

OTHER CONDITIONS

Further proof of N.I no/right to work requested:

Start Date:
Starting Salary:

Job Title: