



APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

PLEASE COMPLETE THIS FORM CLEARLY IN BLOCK CAPITALS IN BLACK INK. IF YOU HAVE A NEED TO SUBMIT YOUR APPLICATION IN ANOTHER FORMAT, PLEASE CONTACT HUMAN RESOURCES AT THE ADDRESS INDICATED ON THE FINAL PAGE OF THIS DOCUMENT.

APPLICATION FOR THE POST OF:

PERSONAL

SURNAME _____

TITLE FOR CORRESPONDENCE (Mr/Mrs/Miss/Dr) _____

FORENAMES _____

KNOWN AS (if different from above) _____

ADDRESS _____

TELEPHONE NUMBER: Home _____ Work (if able to contact) _____

MOBILE NUMBER: _____ EMAIL: _____

DO YOU HOLD A CURRENT DRIVING LICENCE? YES NO

Is your licence free from endorsements? YES NO

ARE YOU RELATED IN ANY WAY TO AN EXISTING EMPLOYEE OF ISA? YES NO

If so, please state Name/Relationship/Department _____

Have you worked for ISA before, either temporarily or permanently? YES NO

If yes, from _____ to _____

WILL YOU REQUIRE A WORK PERMIT? YES NO

Are there any dates or times when you would be unavailable to attend an interview?

EDUCATION AND TRAINING**Please Note: ISA will verify all qualifications stated.**

Name and address of Secondary School	Dates		Examinations and Results
	From	To	

College/Polytechnic/University attended	Dates		Courses and Results
	From	To	

Please give details of any other courses attended, including Professional Membership and qualifications.

Please state your IT skills and use of Microsoft Packages:

EMPLOYMENT**PRESENT OR MOST RECENT EMPLOYER (if applicable)**

NAME OF EMPLOYER _____

ADDRESS _____

TEL NO _____

PRESENT OR MOST RECENT POST _____

START DATE _____ LEAVE DATE _____ REASON FOR LEAVING _____

CURRENT SALARY _____ PERIOD OF NOTICE _____

BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES _____

PREVIOUS EMPLOYMENT

Positions should be listed in date order with the most recent first. You should account for any gaps in employment (subject to the provisions relating to disclosure under the Rehabilitation of Offenders Act 1974). School leavers and students should state any part-time or holiday jobs.

Name and address of Employer	Job title Duties and Responsibilities	Dates		Salary	Reasons for leaving.
		From	To		

Please continue on separate sheet if necessary.

REFERENCES

All appointments are subject to receipt of satisfactory references. Please give details of three people who we can approach for references, one of who should be your present or most recent employer. Your current employer will not be contacted until you have accepted a position with ISA, if you have just completed full-time education, the details of the Head / Principal and/or Tutor should be provided. If you have neither worked nor studied recently, please provide two independent character referees outside your family, and not ISA employees.

1. Current/most recent employer*	2. Previous Employer	3. Personal Referee
Name_____	Name_____	Name_____
Position_____	Position_____	Position_____
Business Address _____	Business Address_____	Address_____
_____	_____	_____
_____	_____	_____
Postcode_____	Postcode_____	Postcode_____
Telephone_____	Telephone_____	Telephone_____

*please delete as appropriate

MEDICAL

Do you require any adjustments to attend an interview? Yes / No

If yes, please provide details _____

MISCELLANEOUS

Do you have a criminal record? YES NO

If yes please give details_____

NOTE: You are not required to disclose spent convictions covered by the Rehabilitation of Offenders Act. Criminal Records Bureau Disclosure will be requested (if appropriate) in the event of a successful application. ISA is committed to the fair treatment of Applicants and a criminal record will not necessarily be a bar to obtaining a position.

If you have voluntary Military Service commitments please state unit and liability for annual training.

ADDITIONAL INFORMATION

Please state why you are applying for this position. Describe how you consider your past experience may be helpful to you in your application.

Please continue on a separate sheet if necessary.

DECLARATION

I declare that the details given are correct to the best of my knowledge. I understand that the contents will form part of any contract of employment which I may agree with ISA. I understand that the information I have provided on this form on my ethnic origins, criminal convictions and medical history is required by law or for monitoring purposes only. I give my express consent for this information to be retained by ISA.

Applicant's Signature _____

Date _____

PLEASE RETURN FORM TO:

**HUMAN RESOURCES DEPARTMENT
ISA TRAINING LIMITED
GROUND FLOOR
31 OLD FIELD ROAD
BOCAM PARK
PENCOED
BRIDGEND
CF35 5LJ**

EQUAL OPPORTUNITIES

SURNAME _____ FIRST NAME(S) _____

FORM OF ADDRESS: MR. MRS. MISS MS OTHER

IF OTHER PLEASE STATE _____

SEX: MALE FEMALE

DATE OF BIRTH: _____

DO YOU CONSIDER YOURSELF TO BE A DISABLED PERSON? YES NO

IF YES PLEASE GIVE DETAILS: _____

ARE YOU A WELSH SPEAKER: FLUENT NOT FLUENT NOT WELSH SPEAKER

YOUR NATIONALITY IS: _____

YOUR ETHNIC OR NATIONAL ORIGIN:

WHITE BLACK AFRICAN BLACK CARIBBEAN BLACK OTHER
PAKISTANI CHINESE INDIAN BANGLADESHI
OTHER

IF OTHER PLEASE STATE _____

VACANCY APPLIED FOR _____

WHERE DID YOU LEARN OF THIS VACANCY?

WESTERN MAIL WALES ON SUNDAY INTERNET OTHER

IF OTHER PLEASE STATE WHERE: _____