



# APPLICATION FOR EMPLOYMENT

Please - use **BLACK** ink and **BLOCK LETTERS** when completing this form

## POST DETAILS

POST TITLE :	
DEPARTMENT :	
CLOSING DATE :	

## PERSONAL DETAILS

TITLE : Mr / Mrs / Miss / Mr / Other	SURNAME :	FIRST NAME(s):
NATIONAL INSURANCE NUMBER :	MARITAL STATUS :	
ADDRESS (including postcode) :		
PHONE (Home) :	MOBILE (If Applicable) :	
DRIVING LICENCE : YES / NO	OWN TRANSPORT : YES / NO	

### Applying for this Vacancy

Under the terms of the Asylum and Immigration Act 1996 and the Immigration (Restrictions on Employment) Order 2004, Oregon

Timber Frame Limited has a legal obligation to ensure that any successful applicant is legally entitled to work in the U.K.

Are you a British subject or a national of any EU country ? YES / NO

If answered no, do you have the right to work in the UK? YES / NO

Do you have a current work permit? YES / NO

If, answered yes, please state the expiry date of your right to work in the UK and/or work permit

## QUALIFICATIONS AND CERTIFICATION

Please specify details of any qualification or training courses which have led to certification

SUBJECT / COURSE	QUALIFICATION / GRADE	DATE

PROFESSIONAL MEMBERSHIP	GRADE / AWARDDING BODY	DATE

## EMPLOYMENT HISTORY

NAME AND ADDRESS OF PRESENT	

POST HELD	DATE OF COMMENCEMENT
PRESENT SALARY (£ per annum)	EXPECTED SALARY (£ per annum)

PLEASE SUMMARISE YOUR MAIN DUTIES AND RESPONSIBILITIES IN THE ABOVE POST

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**EMPLOYMENT HISTORY continued****PREVIOUS EMPLOYMENT** (commencing with the most recent)

DATES		NAME AND ADDRESS OF EMPLOYER	POST HELD	REASON FOR LEAVING
FROM	TO			

**REFERENCES**

Please give the names of your referees.

**Both referees should be in a work capacity and one must be your current or most recent employer.***Please note, however, we will not make contact with any referees prior to your authorisation at the interview stage.***NAME AND ADDRESS OF REFEREE No. 1****NAME AND ADDRESS OF REFEREE No. 2****POST TITLE****POST TITLE****PHONE NUMBER****PHONE NUMBER****HEALTH**

Please give details of any sickness absence in the last two years

FROM	TO	No. OF DAYS	FROM	TO	No. OF DAYS

Do you have any disabilities or health problems that may affect your work : YES / NO

In some operations within Oregon, light lifting may be required, are you aware of any medical condition that may impact on this type of work YES / NO

*Please note, this information will not count against you, but will help us consider ways in which we can reasonably accommodate your needs.***CONVICTIONS**

Do you have any unspent convictions or pending criminal proceedings against you? YES / NO

*If yes, please give details*

Conviction Date	Offence	Fine/Sentence

Do you have any spent convictions ? YES / NO

*If yes, please give details*

Conviction Date	Offence	Fine/Sentence

**DECLARATION***I verify that all the information I have given on this application form to be correct and have completed all relevant sections.**I also understand that the information given on this form is strictly confidential and will only be used for the purpose of applying for this position and will only be viewed by authorised personnel within Oregon Timber Frame Limited.**This application will be retained for a maximum period of 6 months and will be securely destroyed thereafter.*

SIGNATURE :

DATE :

If additional space is required please continue on a separate sheet

WHERE DID YOU SEE THE POST ADVERTISED :

Designed by Oregon Timber Frame Limited Human Resource Department Application Amended2018

**COMPLETED APPLICATION FORMS SHOULD BE MARKED "Private & Confidential" AND RETURNED TO :  
Human Resources Department, Oregon Timber Frame Limited, Portland Buildings, Dunsdale Road, Selkirk TD7 5EB**