



## **HUSBANDS.** **EMPLOYMENT APPLICATION FORM.**

Husbands are an Equal Opportunities employer. Employment is open to all eligible people regardless of sex, race, religion, ethnic origin, marital status or disability.

**Strictly confidential**

<b>NAME:</b>	<b>AGE:</b>	<b>D.O.B.:</b>
<b>ADDRESS</b>	<b>TELEPHONE:</b>	
	<b>MARITAL STATUS:</b>	
<b>NEXT OF KIN DETAILS</b>	<b>NATIONAL INSURANCE NO:</b>	

**Ethnic Origin** (In accordance with the Race Relations Code of Practice please assist us to monitor our Equal Opportunities by ticking the relevant box. (This information will be used for no other purpose).

<b>African</b>	<input type="checkbox"/>	<b>Asian</b>	<input type="checkbox"/>	<b>Afro Caribbean</b>	<input type="checkbox"/>	<b>UK/European</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>
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Have you been convicted of a criminal offence (Subject to the Rehabilitation of offenders Act)      YES/NO  
If yes please give details below

Do you possess a full driving licence?      YES/NO

**HEALTH DETAILS**

Are you registered Disabled ?      YES/NO      If yes please detail below

<b>D.R.P. Card No:</b>	<b>Disabilities</b>
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Do you suffer from any of the following?  
Epilepsy/Diabetes/Skin Disease/Allergies/Eye or Ear Defects/Nervous Complaints.  
Please delete as applicable and detail below

Have you ever: Had an operation/been seriously ill/received in patient treatment/been refused or dismissed from employment for health reasons/been made ill by your work-place: Please delete as applicable and detail below.

<b>EDUCATION/FURTHER EDUCATION DETAILS</b>			
<b>School/College</b>	<b>From</b>	<b>To</b>	<b>Result of Examinations (if known)</b>

**ADDITIONAL TRAINING**

Name of Provider	From	To	Result of Examination (if known)

**WORK HISTORY (Please start with last/present job)**

Dates From	To	Employers Name and Address	Job title and Outline of Duties	Reason for Leaving

**HOBBIES/INTERESTS (Please give details of pastimes, sports etc.)**

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Interviewed By: \_\_\_\_\_ Signed: \_\_\_\_\_  
**Office use only**  
**Recommend Employment YES / NO**