

**Spire Assist Limited**  
Application Form



First Name(s):	
Surname(s):	
Date of Birth:	
Marital Status:	
National Insurance Number:	
DBS Number:	
Nationality:	
Do you have the legal right to work in the UK?	
Passport Number/Work permit number:	
Position applied for:	
Approx. no. of hours wanted:	
Full-time / Part-time / Weekends Days / Nights: (please specify):	
Current address:	
Post code:	
Moved to this address: (date)	
Telephone number: (home)	
Telephone number: (mobile)	
Email address:	
Previous addresses and dates: (Please use a separate sheet if required)	
Own Transport: (Yes/No)	
Driving License no.	

**Employment History (Covering last 5 years)**

Name:	
Address:	
Job title:	
Duties:	
Reason(s) for leaving:	

Name:	
Address:	
Job title:	
Duties:	
Reason(s) for leaving:	

Name:	
Address:	
Job title:	
Duties:	
Reason(s) for leaving:	

**Education and Training**

<p>Qualifications: (Dates/Grades) (Please provide original certificates)</p>	
<p>Training: (Dates/Grades) (Please provide original certificates)</p>	
<p>Experience/Voluntary: (Please provide details)</p>	

**References**

You must provide three references – at least two from your most recent employers and one character referee. All will be contacted, therefore please inform the referees that you have listed them as references. If you are unable to provide the required references, please call our office to discuss.

Name:	
Job title:	
Company name:	
Address:	
Post code:	
Tel No:	Email address:

Name:	
Job title:	
Company name:	
Address:	
Post code:	
Tel No:	Email address:

Name:	
Job title:	
Company name:	
Address:	
Post code:	
Tel No:	Email address:

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**Bank/Building Society Details**

I authorise Spire Assist Limited to pay my weekly earnings direct into the Bank/Building Society details of which are listed below. I will notify Spire Assist Limited in writing of any changes to these details.

Account Name:	
Account Number:	
Sort Code:	
Bank Name:	
Bank Branch:	
Building Society Roll Number:	
Signed:	
Date:	
Print Name:	

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**For Payroll Department ONLY**

Actioned by	
Week number	
Verified by	
Payroll number	

**Applicants Declaration – Read and understand before signing**

1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.
2. By my signature, I give authority to the employer to contact my GP for further details regarding any health problems.
3. I agree that the employer reserves the right to require me to undergo a medical examination in order to assess my suitability work.

<b>Signed:</b>	
<b>Date:</b>	
<b>Print Name:</b>	

**Confidential Health Questionnaire**

Rheumatism/Arthritis?		High/Low blood pressure?	
Back/Joint Problems?		Jaundice, hepatitis or liver disease?	
Stomach, duodenal or bowel disorder?		Condition of the eyes, ears or nose?	
Any Ulcerative condition		Asthma / Bronchitis?	
Any condition of the skin?		Shortness of Breath?	
Blackouts, migraine?		Dysentery, T.B., Typhoid, or Cholera?	
Epilepsy, fainting or nervous disorder?		Any infectious diseases?	
Heart complaint?		Any type of allergy?	

\*If you have entered YES to any of the above or have had or have any other condition please give details of the condition, duration and treatment received:

Are you receiving and medical treatment at the present time? If so, what?	
Are you currently taking any drugs or medication? Please give details.	
Have you undergone any surgery that would affect your work practice?	
Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying? (Yes / No)	
If yes, please give details:	
What adjustments (if any) need to be made to the working environment to accommodate your disability?	
Please give details of <i>all</i> absences from work in the last 12 months, except holidays:	
Please give details of any illnesses/accidents/injuries in the last 2 years:	
GP's name:	
Tel no:	
Address	

**Equal Opportunities Monitoring**

Spire Assist Limited is an equal opportunity employer. We seek to ensure that applicants are interviewed and considered for vacancies solely on the basis of merit irrespective of age, sex, sexual orientation, marital status, ethnicity, religious background, disability or dependants. In order to monitor the effectiveness of our policy we request all job applicants to provide the information requested below. The information given is for statistical monitoring purposes only. Thank you for your co-operation.

Black British		White British	
Asian British		Caribbean	
Pakistani		Indian	
Bangladeshi		African	
Vietnamese		Chinese	
European		Other:	

Please read all the categories listed below and tick the appropriate box.

I am female		I am male	
I have dependants (Children)		Number of dependants	
I consider myself to have a disability		Are you registered Disabled (Yes / No):	

N.B. According to the Disability Discrimination Act 1995, “disability” includes any physical or mental impairment which may have a substantial and/or long-term adverse effect on your ability to carry out some or all of the normal activities of the job for which you are applying.

Please tick the box for your age group.

16-20		21-35	
36-50		50+	

**Home Office Circular hoc 102/88**

Because of the nature of the work for which you are applying the ‘Rehabilitation of Offenders Act 1974’ does not apply by reason of the ‘Rehabilitation of Offenders Act (Exceptions) Order 1975’. Applicants are therefore NOT entitled to withhold information about convictions which for other purposes are ‘spent’ under the provision act, and in the event of employment any failure to disclose such convictions will result in removal from Spire’s register. All applications must answer the following – failure to do so will render your application invalid.

Have you ever been convicted of a criminal offence (including cautions and driving offences)?  (Yes / No) If Yes, please specify:	
Are you currently the subject of a police investigation? (Yes / No) If Yes, please specify:	
Have you ever been the subject of the disciplinary action? (Yes / No) If Yes, please specify:	