



**KINGFELL**  
PROTECTING TOMORROW

Kingfell Plc  
12<sup>th</sup> Floor, Capital Towers  
91 Waterloo Road  
London  
SE1 8RT  
Tel: 0845 6061 999  
Fax: 0845 2581 999  
Email: [enquiries@kingfell.com](mailto:enquiries@kingfell.com)

**APPLICATION FOR EMPLOYMENT**

**PRIVATE & CONFIDENTIAL**  
Return this form to: \_\_\_\_\_ Ref No. : \_\_\_\_\_  
**POSITION:** \_\_\_\_\_

<b>Surname:</b>	<b>Forename(s):</b>	<b>Title:</b>
Address:		Postcode:
Date of birth:	Telephone number:	
Do you hold a current driving license?	Details of any endorsements:	
Expiry Date :		
Groups:		
Are you a UK resident? <b>Yes / No</b>		
If 'No' do you have a current, relevant work permit? <b>Yes / No</b>		

**EDUCATION HISTORY**  
School / College / University attended and qualifications gained:

<b>EMPLOYMENT HISTORY</b>					
Date	Name & Address of Employer	Job Title	Responsibilities	Rate of Pay	Reason for Leaving

**If you are currently employed, what is the notice period?**

<b>OTHER EMPLOYMENT</b>	
Please list any other additional continuous employment :	
<b>REFERENCES</b>	
Please give full contact details of two people we may contact for character and employment references :	
1.	2.

<b>CRIMINAL RECORD (In certain circumstances employment is dependant on you obtaining a satisfactory basic disclosure from the Criminal Records Bureau / Scottish Criminal Records Office).</b>
Do you have a criminal Record? <b>Yes / No</b>
If 'Yes' please list any convictions except those 'spent' under the Rehabilitation of Offenders Act 1974.

<b>HEALTH DETAILS</b>
Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? <b>Yes / No</b>
Please specify any special arrangements for work associated with any impairment.
Please specify any special arrangements you will need to attend an interview.
Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered in the past, or are currently suffering.
Please detail any form of medicine, drugs or treatment you are currently and / or regularly receiving.
Please list all absences from work in the last 12 months and the reasons for such absences.

<b>DECLARATION (please read this carefully before signing this application)</b>
<ol style="list-style-type: none"> <li>1) I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.</li> <li>2) Should Kingfell require further information and need to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that Kingfell Plc reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personal file during employment and for up to six years thereafter and I understand that information will be processed in accordance with the Data Protection Act.</li> <li>3) I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau / Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.</li> </ol>
Signed : _____ Dated : _____