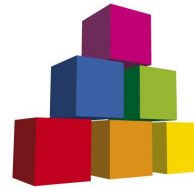


APPLICATION FOR EMPLOYMENT



Action
for ASD

Position applied for:

ACTION FOR AUTISTIC SPECTRUM DISORDERS

Title:	
Surname.....	Forename(s).....
Address.....	
.....	
.....Postcode.....	
Date of Birth.....	Tel No.
Current Driving Licence:	Details of Current Endorsements:.....
YES NO

EDUCATION

Schools	Dates From - To	Qualifications

FURTHER EDUCATION

Colleges/Universities	Dates From - To	Qualifications

ADDITIONAL TRAINING

Training Provider	Dates From - To	Qualifications

EMPLOYMENT HISTORY

(Please Commence with most recent employer)

Dates From - To	Name & Address of Employer	Job Title	Wages/ Salary	Reason for Leaving
Current Notice Required				

REFERENCES

Please list names and addresses of two persons from whom we may obtain both work experience and character references. We reserve the right to contact past employers.

<p>Referee Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Tel No. _____</p>	<p>Referee Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Tel No. _____</p>
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HEALTH DETAILS

Do you have a mental or physical disability: (Please circle) YES NO

If YES please give details:.....

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.....

What adjustments (if any) need to be made to the working environment to accommodate your disability?

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Please give details of all absences form work in the last 12 months.

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LEISURE - Please note any sports, hobbies, pastimes etc

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CRIMINAL RECORD

Please note any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974.

If none please state:

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GENERAL COMMENTS

You may wish to set out below the principal reason for your application and highlight main achievements to date and the strengths you would bring to the post:

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DATA PROTECTION NOTIFICATION

(Please read this carefully before signing this application)

The information you have provided in completing this application form will be used to process your application for employment. The company will keep the information you have supplied confidential and will not divulge it to third parties, except where required by law, or where we have retained the services of a third party representative to act on your/our behalf.

AUTHORISATION: I HAVE READ THE Data Protection notification and understand and agree to the use of my personal data in accordance with the Data Protection Act.1998.

Signed..... **Date**.....

I confirm that the above information is correct and that any false or misleading information will give my employer the right to terminate any employment contract offered.

Signed..... **Date**.....

**Please return this from to: Action for ASD, Autism Resource Centre, Suites 7 & 8
Kings Mill, Queen St, Harle Syke, Burnley, Lancashire, BB10 2HX.**