

APPLICATION FOR EMPLOYMENT

Form AP1/ FTL50

PRIVATE AND CONFIDENTIAL

Return this completed form with any supporting information to: Geoff Weighell. CEO. By email to geoff@bmaa.org or post marked "Confidential" to: Geoff Weighell. CEO BMAA. The Bullring. Deddington. Banbury. Oxon.OX15 0TT

POSITION APPLIED FOR Flight Training Liaison and Safety Officer

Surname	Forename(s)	Title
Address		
Postcode		
Date of birth	Telephone number	
NI No.	Email address:	
Current driving licence? Yes/No Groups: Expiry Date:	Details of endorsements	
Are there any restrictions on you taking up employment in the UK? Yes ☐ No ☐ (If yes, please provide details)		

EDUCATION HISTORY

Schools/colleges/university	Qualifications gained

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

FROM - TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	DUTIES	RATE OF PAY	REASON FOR LEAVING

Notice required in current post:

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

REFERENCES

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

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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. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

HEALTH DETAILS

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? Yes ☐ No ☐

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 or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

DECLARATION (Please read this carefully before signing this application)

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.
2. Should we require further information and wish 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 the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
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.

Signed:

Date: