Parker Optometrists Application form

Application for employment as: .....

Surname .....

Other names: .....

Address .....

Postcode .....

Telephone .....

Education and training

Details and results of any examinations taken

Further education (e.g. technical college, evening classes)

Any craft or other training

Employment history

1. Present/previous employer .....

Address .....

Postcode .....

Job title .....

Duties

Rate of pay .....

Date employed: from …… to ……

Reason for leaving

No approach will be made to your present employer before an offer of employment is made to you.

Please tell us about other jobs you have done and about the skills you used and/or learned in those jobs.

Please tell us why you applied for this job and why you think you are the best person for the job.

Do you consider yourself to have a disability?

Yes ☐ No ☐

Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process

Please tell us if there are any dates when you will not be available for interview

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.

Signature ..... Date ……