

CONFIDENTIAL Job Application Form

**If you require this form in different formats or in braille,
please refer to advert for contact details.**

Please read the **Guidance Notes** before starting to complete this application form. Do not substitute a CV for this form unless the advert specifically invites CVs. Return this form to the address in the advert.

Section 1

| Post reference | Job Title and Pay Band | Location (Please state preferences in a numbered order if more than one location although we cannot guarantee that preferences will be met) |
|----------------|------------------------|---|
| | | |

| | | |
|--|------------------------------|-----------------------------|
| Have you applied for jobs in other regions or locations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please give details: | | |

1.1 About You

| Please use BLOCK CAPITALS FOR THIS SECTION ONLY | | | |
|--|--|----------------------------------|--|
| Surname | | Title (Dr, Ms, etc) | |
| Forename(s) | | | |
| Home Address | | | |
| Correspondence Address (if different to home address) | | | |
| Email address | | | |
| PLEASE INDICATE PREFERRED CORRESPONDENCE METHOD by ticking | | | |
| BY EMAIL <input type="checkbox"/> | | BY POST <input type="checkbox"/> | |
| Telephone Number (home) | | Mobile Number | |
| Telephone Number (work) | | | |
| National Insurance Number | | | |

| | |
|--|--|
| Admin use only: Candidate Reference Number | |
|--|--|

1.2 About hours of work

| | | |
|--|------------------------------|-----------------------------|
| The Highways Agency is an Equal Opportunities employer and recognizes that some applicants may wish to work part-time. | | |
| Do you want to work part-time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Approximately how many hours a week do you want to work? | | |

1.3 About your nationality

| | | |
|--|------------------------------|-----------------------------|
| Please refer to the Guidance Notes for eligibility requirements | | |
| Nationality at birth | | |
| Present nationality | | |
| Have you ever possessed any other nationality or citizenship? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'Yes' please specify: | | |
| Are you subject to immigration control? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'Yes' please specify: | | |
| Are you lawfully resident in the United Kingdom | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are there any restrictions on your continued residence in the UK? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'Yes' please specify: | | |
| Are there any restrictions on your continued freedom to take employment in the UK | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'Yes' please specify: | | |
| If applicable, please state your Home Office / Port reference number here | | |
| <i>Please note: we will seek documentary evidence at interview/assessment centre</i> | | |

1.4 Absence

| |
|---|
| How many days absence have you had in the last two years due to sickness? (If you are an existing Highways Agency employee you DO NOT need to complete this section – please refer to 1.8) |
| |

1.5 About the post: Advertising and Publicity

| |
|--|
| So that we can judge the effectiveness of our recruitment advertising, please tell us how you found out about this vacancy (for example, in which newspaper or website you saw the advert) |
| |

| | |
|--|--|
| Admin use only: Candidate Reference Number | |
|--|--|

1.6 Referees

If you are an existing Highways Agency employee you **DO NOT** need to complete this section.

Please provide the name, address and occupation details of two people who have agreed to act as referees. They must be people who know you well, are not relatives and one must be your current or most recent employer. We require references that cover the **previous three years employment**, therefore please give details of additional referees if necessary.

| | | | |
|-------------------------------|--|------------|--|
| Full name | | | |
| Occupation | | | |
| Address (including post code) | | | |
| Email address | | | |
| Telephone Number | | Fax Number | |
| Full name | | | |
| Occupation | | | |
| Address (including post code) | | | |
| Email address | | | |
| Telephone Number | | Fax Number | |

Additional Employment Reference (if current employment less than 3 years)

| | | | |
|-------------------------------|--|------------|--|
| Full name | | | |
| Occupation | | | |
| Address (including post code) | | | |
| Email address | | | |
| Telephone Number | | Fax Number | |

Referees will be contacted once you have accepted a provisional offer and not before. By returning this application form you are giving your permission for the Highways Agency to contact the referees at the stated time.

1.7 Declaration

I declare that this application form has been completed by me and all the information I have given is true to the best of my knowledge and belief. I understand that if I have given any information I know is false, or if I withhold any relevant information, it may lead to my application being rejected, or if I have been appointed, to my dismissal.

| | |
|-----------|------|
| Signature | Date |
| | |

| | |
|--|--|
| Admin use only: Candidate Reference Number | |
|--|--|

1.8 For existing Highways Agency employees only

This form must be submitted by you as the candidate with your job application by the campaign closing date. If it is not received, your application will not be considered. Your manager must complete Section (b) after you have completed Section (a) and return the form to you for submission.

| | | | |
|-----------|--|-------|--|
| Name | | Grade | |
| NI Number | | | |

| |
|-------------------------------------|
| Position applied for and VV number: |
| |

(a) Sickness Absence Record

| | |
|--|--|
| Total number of days/occasions absence in the past two years | |
| Comments | |
| (note: Past two years runs from the closing date for applications, or where this is not appropriate from the date of application.) | |

(b) Line Managers Declaration

| | |
|--|--|
| Total number of days/occasions absence in the past two years | |
| I endorse this application and I am willing to release the candidate ideally within 4 weeks (to be negotiated). Please add any comments regarding release periods below: | |
| Signature | |
| Print Name and Grade | |
| Date | |

| | | | | | |
|-----------------------------|--|-------|--|------|--|
| Signature of Applicant | | Grade | | Date | |
| Name (in BLOCK CAPITALS) | | | | | |

| | |
|--|--|
| Admin use only: Candidate Reference Number | |
|--|--|