



# STORNOWAY PORT AUTHORITY

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## APPLICATION FORM

**POSITION APPLIED FOR:** \_\_\_\_\_

**The following information will be treated in the strictest confidence.**

Personal

(Please complete this section in BLOCK CAPITALS)

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Full Driving Licence: **Yes / No** Endorsements: **Yes / No**  
If YES, please give further details including dates:

Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? **Yes / No**

If YES, please give full details:

Are you subject to any restrictions or covenants which might restrict your working activities? **Yes / No**

If YES, please give full details:

Are you willing to work overtime and weekends if required? **Yes / No**

Please give details of any hours which you would not wish to work:

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974?) **Yes / No**

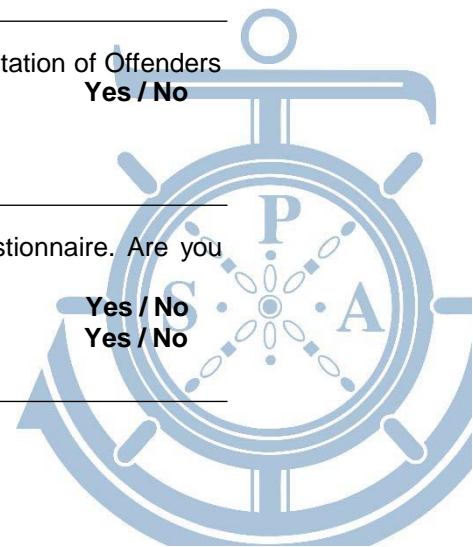
If YES, please give full details:

If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment?

**Yes / No**  
**Yes / No**

Have you ever worked for this Company before?

If YES, please give full details:



Have you applied for employment with this business before? **Yes / No**

Do you need a work permit to take up employment in the U.K.? **Yes / No**

How much notice are you required to give to your current employer?  
\_\_\_\_\_

### Education

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:  
\_\_\_\_\_  
\_\_\_\_\_

Please list languages spoken and the level of competence:  
\_\_\_\_\_  
\_\_\_\_\_



## Employment Details

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

### Present or Last Employer

Are you currently employed?

**Yes / No**

Name of present or last employer:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone number:

\_\_\_\_\_

Nature of business:

\_\_\_\_\_

Job title & brief description of duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Salary and other benefits:

\_\_\_\_\_

\_\_\_\_\_

Expected Salary:

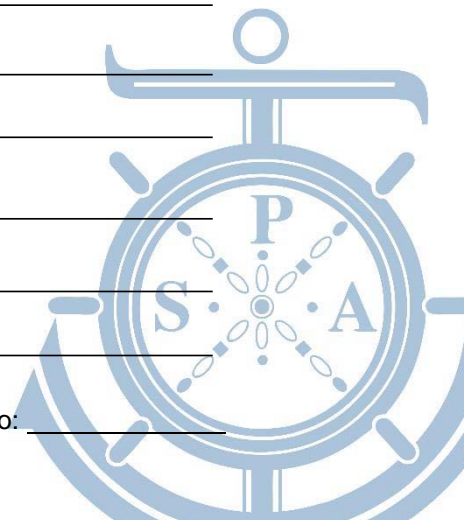
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Length of service:

From: \_\_\_\_\_ To: \_\_\_\_\_







## Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Signed: \_\_\_\_\_

PRINTED: \_\_\_\_\_

Date: \_\_\_\_\_

## References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? **Yes / No**

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

## Source of Application

How did you hear of this vacancy? \_\_\_\_\_

