site eye
TIME-LAPSE FILMS

JOB APPLICATION FORM – Time-lapse Camera Technician

Section 1 - PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Full name:

Address:

Date of Birth:

Tel No. (Home):

Mobile No:

E-mail address:

National Ins. No:

Section 2 – QUALIFICATIONS

School/College/Further Education:	Subject:	Year qualified:	Result:

Professional Qualifications currently held: how obtained, grade and date:

Other relevant Educational or Training Courses, with dates:

Section 3 – PRESENT POST (please state if unemployed and move on to next section)

Title of Post:	Current Salary:
Benefits in Kind:	Leave Entitlement:
Name & Address of Employer:	Business of Employer:
	Date Commenced:
	Date ended (if applicable):

Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable)

Reason for leaving or wishing to leave:

Period of notice required to terminate present employment:

Section 4 – PREVIOUS EMPLOYMENT

Name & Address of Employers	Position held	Dates		Final Salary	Reason for leaving
		From	To		

If any time during the last five years is not fully accounted for in your employment record above, please account for it here:

Have you ever been dismissed from a post and, if so, reasons why:

Do you require a work permit to work in the U.K?   YES/NO

Work Permit No:

Section 5 – RELEVANT EXPERIENCE

Please say what it is about this position that appeals to you:

Please outline aspects of your experience and give details of any particular skills and achievements which you consider relevant to this application.

Section 6 – OTHER INFORMATION

What activities outside work interest you? (State any positions held you consider relevant)

What are your career aspirations / where do you see yourself in the future?

Do you hold a current clean driving licence? YES/NO

Do you own a car?   YES/NO

Please state the number of days long term sickness absence in the last 2 years:

Are you a smoker:

DISABILITY DISCRIMINATION ACT 1995

The role of Technician requires physical fitness, and includes manual handling and an ability to work at heights. Are there any adjustments, which you think we could make to overcome a disability in relation to the essential requirements of this job?

If Yes, please provide further details (use a continuation sheet if necessary):

REHABILITATION OF OFFENDERS ACT 1974

Please note: If the post you have applied for meets the exemption requirements under this Act, all applicants who are offered employment will be subject to a criminal record check before the appointment is confirmed. This will include all spent convictions, cautions, reprimands or final warnings.

Have you ever been convicted of a criminal offence?   YES/NO

Please declare any unsigned convictions (or all convictions if the post is exempt) on a separate sheet and tick this box if doing so ☐

Section 7– REFERENCES

Names and addresses of two referees, one of whom should be your current or most recent employer/teacher:	
Relationship to you:	Relationship to you:
Tel No:	Tel No:
Email Address:	Email Address:
Please indicate if we may contact them prior to interview: YES/NO	

Section 8– DECLARATION

I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated.

Signed:

Name:

Date:

Thank you for completing this application. Please return to:

Email: sean@site-eye.co.uk

Sean Beale
Operations Manager

Data Protection Act 1998
The use of information provided on this form will comply with the requirements of the above Act. It may be processed by computer and is required for operational, managerial information and associated purposes relevant to the maintenance of the Department's systems. Such data may also be used to produce depersonalised statistics.