

APPLICATION FOR EMPLOYMENT

DATA PROTECTION STATEMENT – The information provided on this application form will be used for recruitment purposes only. If you are unsuccessful, the form will be retained for approximately 6 months and then destroyed. If successful, the form shall be filed on your personnel record and some of the information contained within may be used for administrative purposes.

Section 1	
Family Name: Forename(s): Address: Postcode: Telephone: Mobile: e-Mail:	Are you legally entitled to work in the UK? Please enter details of any relevant visa or work permit (if applicable)

Section 2	
Position applied for:	.....
Date available to commence:	.....
Languages spoken/read: /

Section 3	
Please give details and dates of Schools/Colleges/Universities attended:	
Dates:	College/School:
..... to .....	.....
..... to .....	.....
..... to .....	.....
..... to .....	.....
<small>Note: Continue on a separate sheet if necessary</small>	

Section 4			
Please give details and dates of any qualifications obtained:			
Dates:	Examination Board:	School/College/University where obtained:	Grade/Result:
.....
.....
.....
.....
.....
.....
.....
<small>Note: Continue on a separate sheet if necessary</small>			

Section 5

Please give details of any work related courses you have attended:

Dates:	Course:
..... to
..... to
..... to
..... to

Note: Continue on a separate sheet if necessary

Section 6

State details of last or current employment.
 Note: no approach will be made to current employers for references until the applicant has accepted an offer of employment

Employer:	Dates employed: to
Employer's Address:	Position held:
.....	Salary on leaving:
.....	Reasons for leaving:
.....
Postcode: .....	.....

Main job responsibilities:

Section 7

List your previous employment history.

Dates:	Employer:	Position held:
..... to
..... to
..... to
..... to
..... to

Note: Continue on a separate sheet if necessary

Section 8

Provide contact details of suitable personal references.

Name:	Name:
Address:	Address:
.....
Postcode:	Postcode:
Telephone No:	Telephone No:
Relationship:	Relationship:

EQUAL OPPORTUNITIES MONITORING FORM

The company is an equal opportunities employer and intends to treat all applications for employment fairly, regardless of gender, age, religion, ethnic origin or disability.

In order to help us to achieve this we respectfully request that you complete this form in order that we can use the information to monitor the effectiveness of our policies. This part of the form will be removed from your application and the information contained within used for statistical monitoring purposes only.

Section A	
Name:	.....
D.O.B:	..... Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to Answer

Section B			
Ethnicity:	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background <i>(please write below)</i>	Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Mixed background <i>(please write below)</i>	Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <i>(please write below)</i>
	Black & Black British <input type="checkbox"/> Caribbean African <input type="checkbox"/> Any other Black background <i>(please write below)</i>	Chinese or Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other background <i>(please write below)</i>	Declined <input type="checkbox"/> Declined To Answer:

Section C			
Religion:	<input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish	<input type="checkbox"/> None <input type="checkbox"/> Declined To Answer <input type="checkbox"/> Other <i>(please write below)</i>

Section D	
Do you have any physical or mental impairments/disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to Answer
If so, please state impairment: Please provide details of what, if any, adjustments would be required in order for you to be able to carry out the job for which you are applying:	..... ..... ..... .....

Signature: _____ **Date:** _____