

APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL		
Return this form to: Unit 1 Barton Court, Horsefair Way, Saint Johns Business Estate, Downham Market, Norfolk, PE38 0QR		POSITION APPLIED FOR _____ How did you hear about the vacancy?
Surname	Forename(s)	Title
Address:		
Postcode		Telephone Number:
NI No.		
Current driving licence?	Yes/No	Details of endorsements
Groups:		<input type="checkbox"/> <input type="checkbox"/>
Expiry Date:		
Are there any restrictions on you taking up employment in the UK? Yes No (If yes, please provide details)		
EDUCATION HISTORY		
Schools		Qualifications gained
Colleges/Universities		Qualifications gained
Other training		

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

NAME & ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	RATE OF PAY	REASON FOR LEAVING

Notice required in current post:

REFERENCES

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

1.	2.
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LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

GENERAL COMMENTS

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).

HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? Yes No

Please specify any special arrangements for work associated with any impairment. Please specify any special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

DECLARATION (Please read this carefully before signing this application)

- 1 I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date:

HEALTH QUESTIONNAIRE

If the answer is yes to any of the questions on this form, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work employment will be subject to satisfactory medical reports.

Have you ever had:	* delete as applicable	Additional Information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?	*Yes/No	
Chest pain, heart condition or raised blood pressure?	*Yes/No	
Blackouts, fits or attacks of giddiness?	*Yes/No	
Depression, mental illness or nervous breakdown?	*Yes/No	
Rheumatism or arthritis?	*Yes/No	
Back trouble?	*Yes/No	
Typhoid, paratyphoid or other gland trouble?	*Yes/No	
Digestive or bowel disease?	*Yes/No	
Diabetes, thyroid or other gland trouble?	*Yes/No	
Bladder or kidney trouble?	*Yes/No	
Dermatitis or skin trouble?	*Yes/No	
Varicose veins?	*Yes/No	
Any other accident, operation or illness?	*Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	*Yes/No	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	*Yes/No	
Do you intend to work night duties on a regular basis?	*Yes/No	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	*Yes/No	
Any physical impairments, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability.	*Yes/No	
Do you smoke?		
How many units of alcohol do you drink per week?	(one unit = ½ pint beer = 1 glass wine = 1 single whisky)	

EQUAL OPPORTUNITY MONITORING

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, ethnic or national origin, religious belief, sex, marital status, sexual orientation, gender reassignment, age or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

All employees are given equal opportunity and are encouraged to progress within the organisation.

We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-

Date of Birth:

I would describe my ethnic group and sex as:- (please tick one box for your ethnic group and one box for your sex)

A) White

- | | | | |
|--------------------------|--|--------------------------|----------|
| <input type="checkbox"/> | English | <input type="checkbox"/> | Scottish |
| <input type="checkbox"/> | Welsh | <input type="checkbox"/> | Irish |
| <input type="checkbox"/> | Any other White background, please specify | | |

B) Mixed

- | | | | |
|--------------------------|--|--------------------------|-------------------------|
| <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> | White and Black African |
| <input type="checkbox"/> | White and Asian | | |
| <input type="checkbox"/> | Any other Mixed background, please specify | | |

C) Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

- | | | | |
|--------------------------|--|--------------------------|-----------|
| <input type="checkbox"/> | Indian | <input type="checkbox"/> | Pakistani |
| <input type="checkbox"/> | Bangladeshi | | |
| <input type="checkbox"/> | Any other Asian background, please specify | | |

D) Black, Black British, Black English, Black Scottish or Black Welsh

- | | | | |
|--------------------------|--|--------------------------|---------|
| <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | African |
| <input type="checkbox"/> | Any other Black background, please specify | | |

E) Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other Ethnic Group

- | | | | |
|--------------------------|--|--|--|
| <input type="checkbox"/> | Chinese | | |
| <input type="checkbox"/> | Any other background, please specify | | |

F) Sex

- | | | | |
|--------------------------|------|--------------------------|--------|
| <input type="checkbox"/> | Male | <input type="checkbox"/> | Female |
|--------------------------|------|--------------------------|--------|

Name: **Signed:**

Date: