

APPLICATION FOR EMPLOYMENT

APPLICATION DETAILS

Position(s) applied for	
Date of application	
Name (Last names first, then forenames)	
Full postal address	
Telephone (incl. code)	
Mobile number	
National Insurance No.	

GENERAL INFORMATION

Sex	Male / Female
The Company has a no-smoking policy and does not provide 'breaks' for smoking. Will this be an issue for you?	Yes / No
Do you have any medical or other condition that could limit your ability to perform the position for which you are applying?	Yes / No
If yes, please provide details	
Are you willing to have a medical examination, if required?	Yes / No
Are you disabled (registered or not)?	Yes / No
Whether or not you are registered, are there reasonable adjustments you require? Do you require any equipment/items? (If yes, please state)	
Will you relocate if required?	Yes / No
Will you work reasonable overtime if needed?	Yes / No

Will you travel within/outside the UK if the job requires it?		Yes / No		
Will you work shifts or other flexible working arrangements if necessary?		Yes / No		
List any foreign language(s) you speak, and tick the boxes that describe your skill level				
Language	Speak some	Speak fluently	Read	Write
List any training, courses, skills, qualifications and experience relevant to the job for which you are applying				

EMPLOYMENT INFORMATION

Employer (most recent first) (continue on separate sheet if necessary)	Main skills/duties/responsibilities	Reasons for leaving

REFERENCES

Please give below details of people who are willing to give you a reference and tick when to contact

Name and position	Contact address (if known)	Telephone No.	Years known	Tick when referee can be contacted
				<input type="checkbox"/> At anytime <input type="checkbox"/> Only if we offer you a job
				<input type="checkbox"/> At anytime <input type="checkbox"/> Only if we offer you a job

Additional information that you feel is appropriate for us to consider:

DECLARATION

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

We are an Equal Opportunity Employer. We do not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by law.

Applicant's signature

Date

...../...../.....

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITIES MONITORING FORM

This Company is committed to the successful development of an equal opportunity policy in relation to the recruitment and selection of staff. To assist in the implementation and monitoring of this policy, this Company requests employment applicants to voluntarily provide the information below.

Date of birth/...../.....
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Job applied for	
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Location	
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I would describe my race or cultural origin as (please tick one box only):

Asian Bangladesh	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
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Asian Indian	<input type="checkbox"/>	White	<input type="checkbox"/>
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Asian Pakistan	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
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Asian Other	<input type="checkbox"/>	Other (please describe)	
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Black African	<input type="checkbox"/>	Other (please describe)	
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Black Caribbean	<input type="checkbox"/>	Do not wish to state ethnic origin	<input type="checkbox"/>
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Black Other	<input type="checkbox"/>		
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Sex	Male / Female
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My age is (please tick the appropriate box only):	16–19	20–29	30–39	40–49	50–59	60+
Are you a person with disability?	Yes / No					
If yes, are you registered?	Yes / No					
If you are registered, please provide your register number						