



## CONFIDENTIAL APPLICATION FOR EMPLOYMENT

If you require, for the reason of a disability, for this form to be resent to you so that you can fill it in more easily, or for it to be submitted in a different format please contact Jonathan Sparks. Examples are a format in Braille, large print or submission via tape recording. This will in no way be detrimental to your application.

### 1. APPLICATION FOR

Position applied for

Available to take up employment (date)

Wage/salary required

£            per wk/mth/annum

### 2. PREPARED TO WORK

Full-time     Part-time     Shift work

### 3. PERSONAL DETAILS

Name

Address

Telephone numbers

Private

Work

Mobile

E-mail

Do you own a car?

Yes  No

Have a current driving licence?

Yes  No

Provisional Yes  No  Full Yes  No  HGV Yes  No

Have you any current endorsements? (give details)

Yes  No

### 4. HEALTH

Are you in good health?

Yes  No

Are there any disabilities which may affect your application?

Yes  No

Describe disabilities and

- a. any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job
- b. any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the job.

**5. LANGUAGES**

Do you speak or read a foreign language? (give details)

Yes  No 

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**6. SECONDARY EDUCATION**

School name/address	Examinations (subject/result, etc)

**7. FURTHER EDUCATION AND TRAINING**

University/College	Type of course	Subjects	Qualification or class of degree

**8. OCCUPATIONAL QUALIFICATIONS**

College/Institute or other name	Qualification/level

**9. EMPLOYMENT**

Present/last employer

Address

Job title

Duties/responsibilities

Reason for leaving

Finishing pay

£            per wk/mth/annum

Other most recent employer

Address

Duties/responsibilities

Reason for leaving

Finishing pay

£            Per wk/mth/annum

Other most recent employer

Address

Duties/responsibilities

Reason for leaving

Finishing pay

£            Per wk/mth/annum

**10. GENERAL**

Interests/hobbies (Give details of pastimes, sports, etc)

Offices held in social/sports clubs, etc

Public duties (JP, local councillor, etc) undertaken

Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974)

Yes  No 

Membership of professional organisation(s)

If offered this position will you continue to work in any other capacity? (Give details)

Yes  No **11. WORK PERMITS**

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK?

Yes  No 

If you are successful in your application would you require a work permit to work in the UK?

Yes  No **12. COMMUNITY/VOLUNTEER EXPERIENCE**

Name and address of organisation	Position/title	Duties

### 13. PERSONAL REFEREES

Work reference - not members of your own family

Name

Address

Organisation

Occupation

Telephone number

Work, personal or educational

Name

Address

Organisation

Occupation

Telephone number

### 14. EMERGENCY CONTACT DETAILS

If you wish to do so, please give details of next of kin or person who can be contacted in an emergency.

Name

Address

Relationship

Telephone numbers

Work

Private

### 15. ADDITIONAL PERSONAL DETAILS

Applicants are requested to tick the relevant boxes below to enable the organisation to monitor its equal opportunity policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.

White – British	<input type="checkbox"/>	Mixed – White and Black Caribbean	<input type="checkbox"/>	Asian/Asian British – Indian	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Mixed – White and Black African	<input type="checkbox"/>	Asian/Asian British – Pakistani	<input type="checkbox"/>
White – Other	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>	Asian/Asian British – Bangladeshi	<input type="checkbox"/>
		Mixed – Other	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>
Black/Black British – Caribbean			<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black/Black British – African			<input type="checkbox"/>	Other	<input type="checkbox"/>
Black/Black British – Other			<input type="checkbox"/>	Male	<input type="checkbox"/>
				Female	<input type="checkbox"/>

National Insurance number

### 16. RECRUITMENT POLICY

It is the organisation's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex, sexual orientation, religion or belief, marital status, age or disability.

I authorise the organisation to obtain references to support this application once an offer has been made and accepted and release the organisation and referees from any liability caused by giving and receiving information.

Declaration I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature

Date

**17. FOR OFFICE USE ONLY**

Starting date	<input type="text"/>
Job offered	<input type="text"/>
Pay	<input type="text"/>
Hours of work	<input type="text"/>
Department/supervisor	<input type="text"/>
Payroll number	<input type="text"/>
Recruitment source	<input type="text"/>
National Insurance number	<input type="text"/>
P45 or P46	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pension entry date	<input type="text"/>
Reference requested	<input type="text"/>
Driving licence	<input type="text"/>
Birth certificate	<input type="text"/>
Proof of qualifications	<input type="text"/>
Union membership	<input type="text"/>

**18. INTERVIEWER'S USE ONLY**

	1	2	3	4	5
Appearance	<input type="checkbox"/>				
Communication	<input type="checkbox"/>				
Experience	<input type="checkbox"/>				
Intelligence	<input type="checkbox"/>				
Co-operation	<input type="checkbox"/>				
General impression	<input type="checkbox"/>				
Other comments	<input type="text"/>				

Signature (1)	<input type="text"/>
Signature (2)	<input type="text"/>



## EQUAL OPPORTUNITIES MONITORING FORM

### 1. EQUAL OPPORTUNITIES STATEMENT

It is the company's policy to ensure that no job applicant or employee is discriminated against or receives less favourable consideration on the grounds of race, colour, national origin, sex, marital status, sexual orientation or disability.

### 2. EQUAL OPPORTUNITIES MONITORING

In order to assist with monitoring the effectiveness of the company's equal opportunities policy, you are asked to complete this form and return it along with your application form for employment. Please note that this page is removed from your application when it arrives and is filed separately. The information contained in it is not made available to either the short-listing or the interviewing panel. Its sole purpose is to enable the company to produce depersonalised statistics for equal opportunities monitoring purposes.

### 3. MONITORING DATA (please tick the boxes which apply)

Are you  Male  Female

Are you  Single  Married  Widowed  Other (specify)

Do you consider yourself to be disabled?  Yes  No

Are you registered disabled?  Yes  No

Has all necessary remedial action been taken?  Yes  No

Would you describe your racial/ethnic origin as:

White  Black-Caribbean  Black-African  Black-Other (specify)  
 Indian  Pakistani  Bangladeshi  Chinese  
 Other (specify)

### 4. REFERENCING DATA (please complete this section)

Position applied for

Full name

Signature

Date

### 5. SIGNATURE

I expressly consent to the processing of my sensitive personal data set out on this monitoring form in accordance with item 2 above.

Signature

Name

Date

### 6. FOR OFFICE USE ONLY

Short-listed  Yes  No

Offered position  Yes  No



## CONFIDENTIAL MEDICAL QUESTIONNAIRE

Please complete the questionnaire below. The information is required with your interests in mind. As a result of the information you have given, you may be referred to a doctor appointed by the organisation so that a medical examination can be carried out. If you wish, you may request an interview with the organisation's medical officer/nurse, either as an alternative to completing this form or to provide supplementary information or explanation.

A. Have you ever		No	Yes	Please give details	
1. Had an operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Been seriously injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Received in-patient treatment for a physical or mental condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Been refused or dismissed from employment for health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Received a disability pension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Card number:	Expiry date:
6. Been registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Been made ill by your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Been refused a driver's licence because of ill health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**B. Do you suffer from or have you ever had:**

Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin rashes/eczema	Yes <input type="checkbox"/> No <input type="checkbox"/>	Swelling of legs/ankles	Yes <input type="checkbox"/> No <input type="checkbox"/>
High blood pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anaemia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Menstruation or prostate problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Headaches (frequent)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Varicose veins	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cough (frequent)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rupture	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rheumatic fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Chest trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Back trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arthritis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fainting or dizziness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilepsy/fits	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hay fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Eye trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shortness of breath	Yes <input type="checkbox"/> No <input type="checkbox"/>	Jaundice	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nerve trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. Do you take medicine regularly?	2. Do you need glasses to read?	3. Have you worked in a dusty trade?	4. Have you ever had a head injury?	5. Do you suffer from any other ailments?
Yes <input type="checkbox"/> No <input type="checkbox"/>				

**C. To the best of my knowledge and belief, the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal.**

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Date of birth	<input type="text"/>
Department	<input type="text"/>	Employee number	<input type="text"/>
Job title	<input type="text"/>	Date of transfer	<input type="text"/>