

**Position applied for**

|  |
| --- |
|  |

The following information will be treated in the strictest confidence.

**Personal**(Please complete this section in BLOCK CAPITALS)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | |  | | | | | | | | | | | | | | | | | | |
| First names: | | |  | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | | | | | | | | | | | | | |
| Home telephone number: | | | | |  | | | | | | | | | | | | | | | |
| Mobile telephone number: | | | | |  | | | | | | | | | | | | | | | |
| Full Driving Licence: | | | |  | | | | **Yes / No** | | |  | Endorsements | |  | | | **Yes / No** |
| If YES, please give further details including dates: | | | | | | | | | | |  | | | | | | | | | |
| Are you involved in any activity which might limit your availability to work or your working hours e.g.,  local government? | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Yes / No** | | | | | | | | | | | |
| If YES, please give full details: | | | | | |  | | | | | | | | | | | | | | |
| Are you willing to work overtime and weekends if required? | | | | | | | | | | | | |  | | | | | | **Yes / No** | | | |
| Please give details of any hours which you would not wish to work: | | | | | | | | | | | | | | |  | | | | | | | |
| Have you any convictions, other than spent convictions under the Rehabilitation of Offenders Act 1974? | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Yes / No if *Yes****,**please give full details* | | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | | |  | | | | | |
| If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you | | | | | | | | | | | | | | | | | | | | | | |
| prepared to undergo a medical examination before employment? | | | | | | | | | | | | | | |  | | | | | **Yes / No** | | |
| Have you ever worked at this business before? | | | | | | | | | |  | | | | | | | | | **Yes / No** | | | |
| If YES, please give full details: | | | | | | |  | | | | | | | | | | | | | | | |
| Do you need a work permit to take employment in the U.K.? | | | | | | | | | | | | | | |  | | | | **Yes / No** | | | |
| (We will require evidence of this prior to commencing employment)  How much notice are you required to give your current employer? | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |



**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **Schools attended since age 11** | **From** | **To** | **Examinations and Results** |
|  |  |  |  |
| **College or University** | **From** | **To** | **Courses and Results** |
|  |  |  |  |
| **Further Formal Training** | **From** | **To** | **Diploma / Qualification** |
|  |  |  |  |
| **Job related/in-house  Training Courses** | **Date** | **Subject** | |
|  |  |  | |
| **Any other training (fork lift, other plant, First Aid etc)** | **Date** | **Subject** | |
|  |  |  | |

|  |  |
| --- | --- |
|  |  |



|  |  |
| --- | --- |
| Please give details of membership of any technical or professional associations | |
|  | |
|  | |
|  |
| Please list languages spoken and level of competence | |
|  | |
|  | |
|  |

**Employment Details**Please give details of your past employment, excluding your present or last employer, stating the most recent first.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address of employer** | **Dates** | **Position held/ Main duties** | **Reason for Leaving** |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| E:\SWM Application Form-1 copy-1.jpg  E:\SWM Application Form-1 copy-1.jpg**Present or last Employer**   |  |  |  | | --- | --- | --- | | Are you currently employed? |  | **Yes / No** | | Name of present or last employer |  | | | | | | | |  |
| Address: |  | | | |
|  | | | | |
| Telephone number: | | |  | |
| Nature of business: | | |  | |
| Job title & brief description of duties: | | | |  | | |
|  | | | | | | |
| Reason for leaving: | |  | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Length of service: | |  | | From: |  | | | To: |  | | | | | | |
| Current Salary: |  | | Expected Salary: | | |  | | | | | | | | | |
| **Health** Do you need any adjustments or auxiliary aid(s) in order to attend an interview (undergo a written assessment)? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Yes |  | No | |  |
| Do you suffer from any disability\* and/or medical condition which will affect your ability to carry out the duties of | | | | | | | | | | | | | | | | | |
| The job for which you are applying(see attached job description) | | | | | | |  | | | Yes |  | | No |  |

*This information will help us to identify reasonable adjustments that we might need to make to arrangements/*

*premises in order to accommodate you. We are an equal opportunities employer and will not discriminate on*

*the grounds of disability.*

|  |  |
| --- | --- |
| If YES, please give details: |  |

|  |
| --- |
| **Interests, Achievements, and Leisure Activities**  (e.g. hobbies, sports, club memberships) |
|  |
|  |

|  |
| --- |
| **Supplementary Information**  Please set out below any further information to support your application  (e.g. past achievements, future aspirations, personal strengths) |
|  |
|  |



**Data Protection**

The Data Protection Act 1998 (“the Act”) sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application (“the information”) will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment fi le and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

**I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS**

**SET OUT ABOVE.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**Declaration**

**Please read and sign the following undertaking:** I confirm that the information I have given on this application form is, to the best of my knowledge and belief, true in all aspects. I understand that, should I have deliberately made a false or misleading statement on this form, my future employment can be terminated without notice.

|  |  |
| --- | --- |
| Signed: |  |

|  |  |
| --- | --- |
| PRINTED: |  |

|  |  |
| --- | --- |
| Date: |  |

NOTE: We are an equal opportunities employer and will not tolerate discrimination in any form.

**References**

Please give the names of two people (one of which should be your present or most recent employer) whom we

may approach for a reference.

|  |  |  |
| --- | --- | --- |
| Can we approach your current employer before an offer of employment is made? |  | **Yes / No** |

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Position:** | **Position:** |
| **Address:** | **Address:** |
|  |  |
|  |  |
| **Tel. No:** | **Tel. No:** |
| **Email:** | **Email:** |

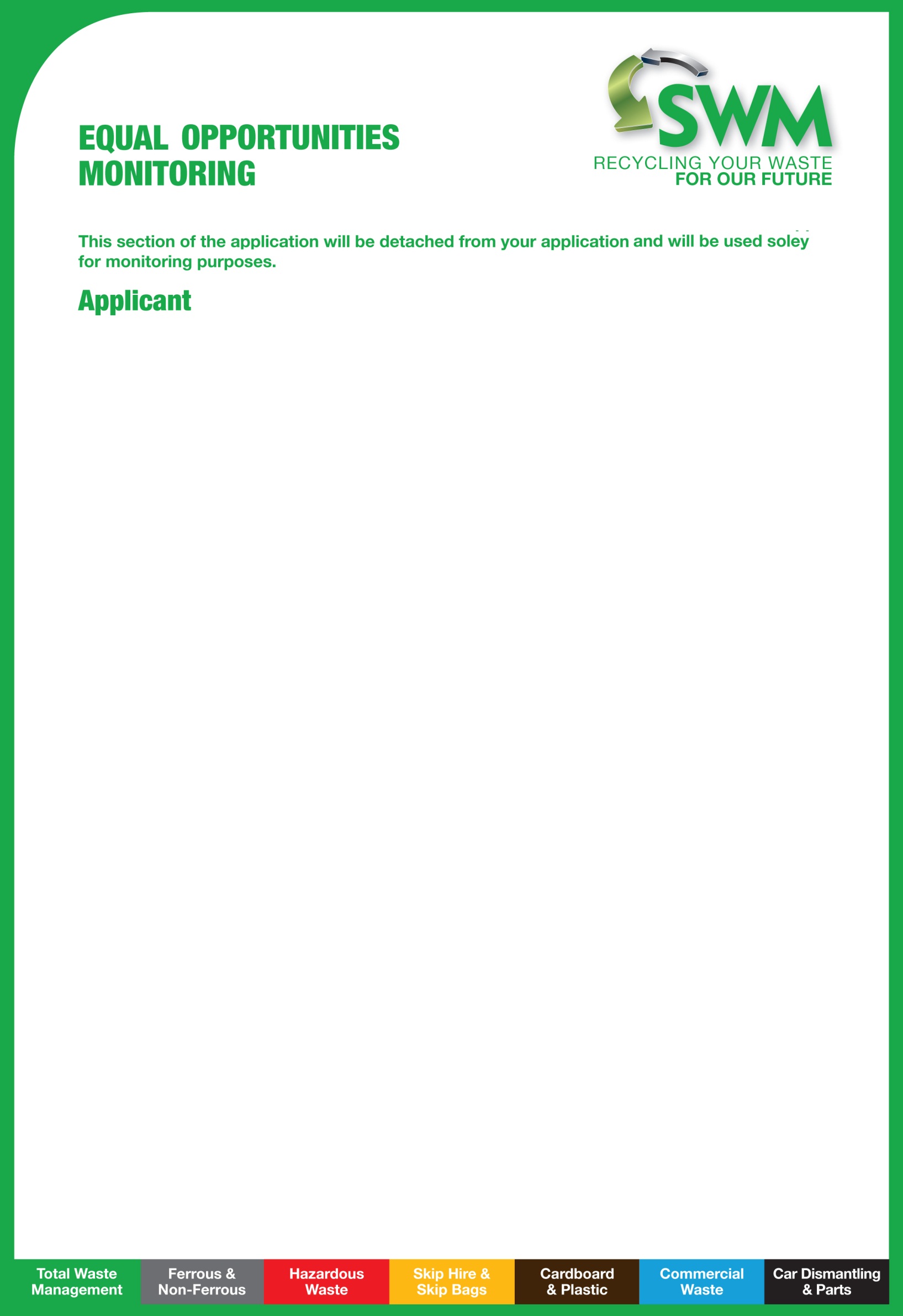
**Source of Application**

|  |
| --- |
| How did you hear of this vacancy? |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY:**   |  |  |  |  | | --- | --- | --- | --- | | Application No: |  | Initials of person reviewing |  |  |  |  | | --- | --- | | Score against selection criteria (if applicable): |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Invite to interview/offer job? | Yes |  | No |  |  |  |  | | --- | --- | | If NO state reason: |  | |  | | |  | | |  | | |

\*The Equality Act defines disability as “A physical or mental impairment which has a substantial and long term

effect on the persons ability to carry out normal day-to-day activities”.



|  |  |  |  |
| --- | --- | --- | --- |
| Forename(s) |  | Surname |  |

We recognise and actively promote the benefits of a diverse workforce. We are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all areas of the community.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **White** | | | | | | | | |
|  | British |  | Irish | | |  | Any other white background\* | |
| **Mixed** | | | | | |
|  | White & Black Caribbean |  | White & Black African |  | White Asian |  | Any other mixed background\* | | |
| **Black and Black British** | | | | | | | |
|  | Caribbean |  | African | | |  | Any other black background\* | |
| **Asian & Asian British** | | | | | |  | | |
|  | Indian |  | Pakistani |  | Bangladeshi |  | Any other Asian background\* | |
| **Chinese & other Ethnic Groups** | | |  |  | |  | | |
|  |  | |

|  |  |
| --- | --- |
| \* Please specify |  |

|  |  |
| --- | --- |
| Gender please Specify |  |

|  |  |
| --- | --- |
| Date Of Birth |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability? |  | Yes |  | No |

The Disability Discrimination Act defines disability as “A physical or mental impairment which has a substantial

and long term effect on the persons ability to carry out normal day-to-day activities”.

If you wish, you may disclose further information about yourself below:

|  |  |
| --- | --- |
| Religion |  |

|  |  |
| --- | --- |
| Sexual Orientation |  |

|  |  |
| --- | --- |
| How did you hear about this vacancy |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Media |  | Date |  | Reference |  |