

James Burrell Ltd Application for Employment

Job Title:

Location:

PERSONAL DETAILS

Last Name:

First Name:

Address:

Telephone No

Home:

Work: (if we can contact you there)

Mobile:

National Insurance Number

EDUCATION, QUALIFICATIONS AND TRAINING

Please give details of your education, qualifications and training relevant to the job.

Course Undertaken

Course
Duration

Study
Method

Qualification
or Result

EMPLOYMENT HISTORY**Present Employment****Name and Address of Employer****Job Title****Annual Salary
or Weekly Wage****Date Started****Notice Required****Brief Description of Duties** and reason for wishing to leave**Previous Employment** - please give most recent employer first**Name of Employer****Job Title and brief description of duties****Dates
from to**

OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION

Please give details of any skills, knowledge or experience you feel is relevant to your application (this does not have to be related to paid employment, it may be related to voluntary or unpaid work, managing a household or any other activity you have carried out). You should also use this section to explain why you are interested in this job.

DRIVING LICENCE

Complete this section where the person specification indicates that a driving licence is required

Do you hold a current driving licence? Yes No

Please state the Categories of Licence held: Car PSV LGV HGV

Do you have any penalty points on your licence yes/no If yes, how many _____

EQUAL OPPORTUNITIES

James Burrell Limited is an employer that is committed to giving equal opportunities. To achieve this and to check the effectiveness of our Equal Opportunities Policy, we monitor a range of areas and therefore request you complete the following questions.

The information will not be used in the selection process and is for monitoring purposes only. All information will be treated **in strict confidence**.

The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.

Do you consider that you have a disability? Yes No

Please tell us if there are any reasonable adjustments we can make to assist you in your application or to the job itself to help you carry it out

Have you ever been convicted of a criminal offence? Yes No

(declaration subject to the rehabilitation of Offenders Act 1974)

Do you need a work permit to work in the uk? Yes No

How would you describe your ethnic group?

White Yes

Black-African Yes

Asian-Indian Yes

Asian-Bangladeshi Yes

Asian-Other: please specify

Black-Caribbean Yes

Black-Other: please specify

Asian-Pakistani Yes

Asian-Chinese Yes

Other: please specify

HEALTH DECLARATION

Are you suffering or have you ever suffered from:

Back or neck pain? Yes No

Rheumatic or Arthritic conditions? Yes No

Hernia? Yes No

Upper limb disorder such as tenosynovitis, tendonitis or carpal tunnel syndrome? Yes No

Breathing condition such as asthma? Yes No

Fits, fainting, attacks or epilepsy? Yes No

Have you ever suffered from a psychiatric illness? Yes No

Are you receiving any treatment for drug or alcohol dependency? Yes No

Any illness or medical condition not specified above, which may affect your ability to complete the duties required? Yes No

Have you ever lost time from work as a consequence of one of the above conditions? Yes No

Are you currently on any medication, or undergoing any treatment? Yes No

Have you ever lost time from work as a consequence of one of the above conditions? Yes No

Have you ever taken time off work due to an accident at work? Yes No

How many days of sickness absence you have taken in the last five years: _____

If you have answered yes to any of the above please give any additional information that may be relevant:

REFERENCES

Please give details of two referees. Where you have been in employment at least one referee should normally be from a previous employer.

Name	Address
Occupation	
Employment referee <input type="checkbox"/> Personal referee <input type="checkbox"/>	Can we contact this referee now yes/no
Name	Address
Occupation	
Employment referee <input type="checkbox"/> Personal referee <input type="checkbox"/>	Can we contact this referee now yes/no

DECLARATION

I declare that the information I have given above and in any attached sheets is correct. I understand that by giving false information or withholding information which may be relevant I may be excluded from the recruitment process or dismissed if appointed to the job.

Signature **Date**