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| Document Ref: | QF-6.2-12 |
| Revision No: | 8 |

Job Application Form

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|------------------------------|--|------------|--|-------------|--|----------|--|
| POSITION APPLIED FOR: | | | | | | | |
| PERSONAL DETAILS | | | | | | | |
| Title | | First name | | Middle Name | | Surname | |
| Address | | | | | | | |
| County: | | | | | | Postcode | |
| Mobile Tel.No: | | | | Home tel: | | | |
| Email: | | | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| IDENTIFICATION | | | | | | | |
| To enable us to comply with our legal obligations you will be asked to provide proof of your identity and written proof of your right to work in the United Kingdom. You will be given details of the original documents we require sight of should you be invited for interview | | | | | | | |
| Do you require a permit to work in the UK? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please state the type of permit you hold | | | | | | | |
| Work permit expiry date | | | | | | | |
| National Insurance Number | | | | | | | |

| EDUCATION & TRAINING | | | | | |
|---|------------------|-----------------------|------------|------|-------------------------------|
| Original documents may be required at interview | | | | | |
| Secondary School College/University | Dates From/To | Exam/ Course Title | Subject(s) | Date | Result/ Certificate Gained |
| | | | | | |
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| PROFESSIONAL QUALIFICATIONS | | |
|---|----------------|------------------|
| Original documents may be required at interview | | |
| Name of professional organisation | Admission date | Membership Grade |
| | | |
| | | |

| LANGUAGES | Level of proficiency |
|------------------|----------------------|
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PERSONAL STATEMENT

Abilities, skills and knowledge

Please use this section to highlight the skills and attributes you believe make you suitable for the position you are applying for. This is your opportunity to provide additional, relevant information in support of your application.

(Maximum 500 words)

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| ADDITIONAL INFORMATION | | | |
|--|--|------------------------------|--|
| If you are applying for a position which entails driving road vehicles or plant machinery please complete the following: | | | |
| | | | |
| Do you hold a current driving licence? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have access to a car? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please give details of any motoring offences | | | |
| Date | Details of Offence | | Number Penalty Points |
| | | | |
| | | | |

| ATTENDANCE | | | |
|--|--|----------------------|--|
| Reliability is important to this firm. Please state how many days you have been absent for reasons of sickness in the last 2 years | | | |
| Number of days: | | Number of occasions: | |
| We understand some absences are unavoidable. If you wish to elaborate please do so below, continuing over the page if needed | | | |
| | | | |

| Rehabilitation of Offenders Act 1974 | | |
|--|--|--|
| Have you any convictions that are not spent under the Rehabilitation of Offenders Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes please provide further details (Spent convictions do not have to be declared) |
| Date | Details of Offence | Conviction / Penalty |
| | | |
| | | |

| DISABILITIES | |
|---|--|
| You should be aware that many positions require extensive periods working outdoors, operating large plant machinery and heavy lifting so please be specific about any reasonable adjustments we could consider to enable you to carry out your duties should you be appointed | |
| Do you have a disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do we need to make any specific arrangements or consider reasonable adjustments to enable you to attend for interview or to enable you to carry out your duties should you be appointed? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please give details below |
| | |

| REFERENCES |
|--|
| Any offer of employment will be subject to the receipt of references and information satisfactory to this firm. Should you receive an offer of employment you must be able to supply details of two referees; at least one should be your current or most recent employer. |

| APPLICANT DECLARATION | |
|--|------|
| I declare that the information given in this application is accurate and complete. I understand this information may be checked as part of the application process. I acknowledge that making deliberate omissions and/or providing false or misleading information may render my application invalid. If discoveries are made after appointment I understand my employment may be terminated without notice | |
| Signed | Date |
| | |
| S Norton & Co Ltd Declaration | |
| The information provided by you on this form will be stored as a paper or an electronic record in accordance with the Data Protection Act 1998. Information will be processed solely in connection with recruitment | |

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Equality & Diversity Recruitment Monitoring Form

In accordance with our Equality & Diversity Policy we monitor job applications to ensure we provide equal opportunities to all applicants and our policy is fully and fairly implemented. The information you provide will not form any part of the selection processes or affect the outcome of your application. We will be grateful if you will complete the questions on this monitoring form and return it with your application.

| | | | | |
|---------------------------|--|--|--|--|
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender | <input type="checkbox"/> Prefer not to say |
| Sexual orientation | <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Gay woman/ lesbian | <input type="checkbox"/> Gay man | <input type="checkbox"/> Bisexual |
| | <input type="checkbox"/> Prefer not to say | | <input type="checkbox"/> If other, please write in | |
| Marital Status | <input type="checkbox"/> Married | <input type="checkbox"/> Civil Partnership | | <input type="checkbox"/> Single |
| | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | | <input type="checkbox"/> Widowed |
| | <input type="checkbox"/> Prefer not to say | | | |
| Age Group | <input type="checkbox"/> 16 – 24 | <input type="checkbox"/> 25 – 29 | <input type="checkbox"/> 30 – 34 | <input type="checkbox"/> 35 - 39 |
| | <input type="checkbox"/> 40 – 44 | <input type="checkbox"/> 45 – 49 | <input type="checkbox"/> 50 – 54 | <input type="checkbox"/> 55 - 59 |
| | <input type="checkbox"/> 60 – 64 | <input type="checkbox"/> 65+ | <input type="checkbox"/> Prefer not to say | |

What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box below

| | |
|--|--|
| White | <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> British <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Prefer not to say |
| Mixed/multiple ethnic groups | <input type="checkbox"/> White and Black African Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other mixed background, please write in: |
| Asian/Asian British | <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other Asian background, please write in: |
| Black/African/Caribbean/Black British | <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other Black/African/Caribbean background, please write in: |
| Other ethnic group | <input type="checkbox"/> Arab <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other ethnic group, please write in: |

Do you consider yourself to have a disability or health condition? Disability is defined as a physical or mental impairment which has a substantial or long term and adverse effect on a person's ability to carry out normal day to day activities

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:-

