

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

Job Application Form

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

PROFESSIONAL QUALIFICATIONS

Original documents may be required at interview

Name of professional organisation	Admission date	Membership Grade

LANGUAGES

Level of proficiency

CURRENT EMPLOYER

Name/Address of Employer	Job Title	Dates employed from/to	Salary
Please outline your key responsibilities			
Reason for leaving			
Notice required to terminate current employment			
Please indicate dates you are unavailable for interview (e.g. pre-booked holidays)			

[illegible]

Please outline the experience you believe makes you suitable for the position you are applying for (*max 100 words*)

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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
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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:	
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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)
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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
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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
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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	
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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

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:-

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What is your religion or belief?	<input type="checkbox"/> No religion or belief <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If other religion or belief please write in:
What is your current working pattern	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Prefer not to say If you have a flexible working arrangements please state what it is:
Do you have caring responsibilities? If yes, please tick all that apply	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Primary carer of disabled child/children <input type="checkbox"/> Primary carer of older person <input type="checkbox"/> Prefer not to say </div> <div> <input type="checkbox"/> Primary carer of a child/children (under 18) <input type="checkbox"/> Primary carer of disabled adult (18 and over) <input type="checkbox"/> Secondary carer </div> </div>
Job Applicants: Please indicate how you found out about this post (tick all that apply)	<input type="checkbox"/> Internal applicant <input type="checkbox"/> Word of mouth <input type="checkbox"/> Company website <input type="checkbox"/> E-recruitment <input type="checkbox"/> Recruitment agency <input type="checkbox"/> Job Centre <input type="checkbox"/> Other (please state)
The information provided by you on this form will be stored as a paper and/or electronic record in accordance with the Data Protection Act 1998. Information will be treated in confidence and processed solely in connect with statistical Equality and Diversity Monitoring.	
Name	Signature Date
Job Applicants: We ask for your name to enable us to monitor applications at the shortlisting and appointment stage. It will not affect the outcome of your application in any way	