

Document Ref:	QF-6.2-12
Revision No:	10

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

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EMPLOYMENT HISTORY
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)			

PREVIOUS EMPLOYMENT (List by most recent first and continue on the reverse of this page if necessary)

Name/Address of previous Employer(s)	Position held	Dates employed from/to	Final salary and reason for leaving

PREVIOUS EXPERIENCE

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 – use additional sheets if necessary)

Have you previously worked for S Norton & Co Ltd?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please state the job title and from-to dates	Job Title	
	From	
	To	
Are you related to any employee(s) of S Norton & Co Ltd? Please provide name/relationship of employee(s)	Name	Relationship
Do you know any employee(s) of S Norton & Co Ltd? Please provide name of employee(s)		

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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 <input type="text"/>	Date <input type="text"/>

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

S Norton wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. We need your help and co-operation to enable it to do this, but filling in this form is voluntary

Please return the completed form with your application form, in an envelope marked 'Strictly Confidential' to the HR Department at the Head Office

The information you provide will not form any part of the selection processes or affect the outcome of your application.

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Intersex	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Prefer not to say
	If you prefer to use your own term, please specify here				
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:-

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with you manager, or the manager running the recruitment process if you are a job applicant

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What is your 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 you prefer to use your own term, please specify her
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 What is your flexible working arrangement? <input type="checkbox"/> None <input type="checkbox"/> Flexi-time <input type="checkbox"/> Staggered hours <input type="checkbox"/> Term-time hours <input type="checkbox"/> Job-share <input type="checkbox"/> Homeworking <input type="checkbox"/> Annualised hours <input type="checkbox"/> Flexible shifts <input type="checkbox"/> Compressed hours <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If other, please write in here:
Do you have caring responsibilities? If yes, please tick all that apply	<input type="checkbox"/> None <input type="checkbox"/> Primary carer of a child/children (under 18) <input type="checkbox"/> Primary carer of disabled child/children <input type="checkbox"/> Primary carer of disabled adult (18 and over) <input type="checkbox"/> Primary carer of older person <input type="checkbox"/> Secondary carer (another person carries out the main caring role) <input type="checkbox"/> Prefer not to say
	<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 General Data Protection Regulation. Information will be treated in confidence and processed solely in connection with statistical Equality and Diversity Monitoring.

Name	Signature	Date
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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