

Document Type	Title	Reference Number	Document Owner	Revision Number	Date
Form	Job Application Form	HR-F-012	Human Resources Manager	1	12/06/2024

Job Application Form

POSITION APPLIED FOR _____

PERSONAL DETAILS

Title	First Name	Middle Name	Surname
Address			
County			Postcode
Mobile Number			Home Tel. No.
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

Language	Level of Proficiency

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 the S Norton Group?	<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 the S Norton Group? (Please provide name/relationship of employee/s)	Name	Relationship
Do you know any employee/s of the S Norton Group? (Please provide name of employee/s)		

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	
---------------	--	-------------	--

The S Norton Group 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

The S Norton Group 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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					
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 here				

