

Griffon Road
Quarry Hill Ind Est
Ilkeston
Derbyshire
DE7 4RF

Tel: 0345 337 0000
Fax: 0345 337 8080
Email: enquiries@ward.com
Web: ward.com

APPLICATION FOR EMPLOYMENT

This form should be completed in your own handwriting using black ink. If you require more space for your reply to any question, please write on a separate piece of paper and attach firmly to this form. Please answer ALL the questions on this form.

CONFIDENTIAL

| | |
|--|----------------------------|
| Job applied for: _____ | |
| How did you hear about this position? _____ | |
| If this is an internal position, have you notified your manager? | Yes/No |
| Have you previously applied for work at this company? | Yes/No |
| (Please give details) Position : | Date employed/interviewed: |
| Interviewer: | Location: |

PERSONAL DETAILS (IN BLOCK CAPITALS)

| Surname | First Name | Other names | Maiden Name |
|---|------------|---|-------------|
| Home address: | | Address for correspondence (if different) | |
| Post code | | Post Code | |
| Daytime Telephone | | Home / Mobile Number | |
| Date of Birth | | Marital Status | |
| Name, department and location of any friends/relatives employed by this company | | | |
| Emergency Contact Name: | | Next of Kin (Name): | |
| Address: | | Address: | |
| Tel: (Home) | | Tel: (Home) | |
| Tel: (Business) | | Tel: (Business) | |
| Relationship: | | Relationship: | |

HEALTH

Are you Registered Disabled? Yes / No

Certificate expiry date: _____ R.D.P. No.: _____

DRIVINGDo you hold a full, current UK licence: Yes / No Type: Full ☐ Provisional ☐

How long have you held this for? _____

Do you have your own transport? _____

What category of vehicles can you drive? _____

How long have you held each for? _____

Do you have any points/disqualifications? _____

EDUCATION DETAILS: Please give the details of all full-time and further education since the age of 11 years.

| Name and type of establishment | Period | | | | Subjects studied. Examinations taken and results | |
|--------------------------------|--------|------|-------|------|---|--|
| | From | | To | | | |
| | Month | Year | Month | Year | | |
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Please give details of all courses taken since leaving full time education which are relevant to the position applied for, including First Aid and P.C. skills

Languages spoken:

MEMBERSHIP OF PROFESSIONAL INSTITUTIONS, SOCIETIES OR ASSOCIATIONS

Please give the name of the body and classification of your membership (member, associate, etc.):

ADDITIONAL INFORMATION

Please use this section to relate in greater detail those parts of your career that you feel may be particularly relevant to the position for which you applied. Include membership of any voluntary organisations and your hobbies/interests.

ADDITIONAL PERSONAL DETAILS

Applicants are requested to tick the relevant boxes below to enable the company to monitor its equal opportunity policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination in the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.

Male ☐ Female ☐

Ethnic Group:

White ☐ Black-Caribbean ☐ Black-African ☐ Black-other ☐ (please specify) _____

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Other ☐ (please specify) _____

National Insurance Number: _____

CONVICTIONS

Please give details of any court or martial convictions, outstanding summons or prosecutions, (except spent convictions under the Rehabilitation of Offenders Act 1974). If you have none, then write none:

Date: _____ Nature of Offence: _____ Sentence of court order with costs: _____

Previous Salary: _____

What is the earliest you will be available for employment: _____

Salary expected: _____

REFEREES: (present employers will not be contacted unless an offer of employment has been made and accepted)

Please supply the name and addresses of at least 3 referees: One should be your present or last employer; one should be your previous employer (to cover the last 3 years of employment).

The other may be personal e.g. doctor / priest / someone in a professional capacity but NOT a relative.

If you are currently unemployed, please give the name and addresses of the Unemployment Benefit Office and the dates registered.

| Present Employer | | Previous Employer | | Personal Reference | |
|------------------|--|-------------------|--|--------------------|--|
| Name: | | Name: | | Name: | |
| Address: | | Address: | | Address: | |
| Tel: | | Tel: | | Tel: | |
| Title: | | Title: | | Title: | |

Data Protection:

The company is registered under the Data Protection Act (1984) and all details given on this form may be stored on our computer records.

Do we have your permission to circulate your details around other divisions within the business? Yes / No

This certifies that I have completed the Application Form and that all the entries on it and information given are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts is cause for cancellation of any such appointment and may result in dismissal from the company

Signature: _____ Date: _____