



APPLICATION FORM

FOR EQUAL OPPORTUNITIES MONITORING

The information supplied on this application form will be treated as strictly confidential and will be used only for the purpose of personnel administration.

PERSONAL DETAILS

please print clearly

Surname	Position applied for
First Names <i>(Please underline your first name)</i>	
Address	Home telephone number
Postcode	Work telephone number <i>(will only be used if necessary with discretion)</i>
Do you have a valid full UK driving licence? <input type="checkbox"/> YES <input type="checkbox"/> NO (please tick)	
If you have any endorsements , please give details	

GENERAL

Are there any official restrictions on your taking up long term employment in the UK? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES please give details	Did you see the vacancy advertised? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES please state where. If NO how did you find out about the vacancy?
Are you a UK resident? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO are you authorised to work in the UK? <input type="checkbox"/> YES <input type="checkbox"/> NO Please produce documentary evidence.	
If you have been interviewed previously by the Company, please state for which posts and when.	Do you know anyone employed by the Company? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES please give details.
If the opportunity arose for you to work part-time or on a job-share basis would you be prepared to consider it? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES please state days/hours preferred	If offered this position, will you continue to work in any other capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES please give details
What is the minimum period of notice required by your current employer?	When would you be available to start working for us?

EDUCATION

SECONDARY EDUCATION

Name of School	From	To
Examinations taken and grades.		

Name of School	From	To
Examinations taken and grades.		

FURTHER EDUCATION

Name of College / University	From	To
Examinations taken and grades.		

Name of College / University	From	To
Examinations taken and grades.		

EMPLOYMENT RECORD

List below your present and past employment beginning with your current employer

NAME AND ADDRESS OF EMPLOYER <small>Please print clearly</small>		From	To	Position held
		Month / Year	Month / Year	
NAME ADDRESS Tel. No Name of Manager				
Starting and finishing salary and benefits	List your main duties and responsibilities		Reason for leaving	

NAME AND ADDRESS OF EMPLOYER <small>Please print clearly</small>		From	To	Position held
		Month / Year	Month / Year	
NAME ADDRESS Tel. No Name of Manager				
Starting and finishing salary and benefits	List your main duties and responsibilities		Reason for leaving	

I hereby give my permission to contact my previous employers listed on pages 3 and 4 concerning my work experience.

Signed

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s)

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NAME AND ADDRESS OF EMPLOYER Please print clearly		From	To	Position held
		Month / Year	Month / Year	
NAME ADDRESS				
Tel. No Name of Manager				
Starting and finishing salary and benefits	List your main duties and responsibilities		Reason for leaving	

NAME AND ADDRESS OF EMPLOYER Please print clearly		From	To	Position held
		Month / Year	Month / Year	
NAME ADDRESS				
Tel. No Name of Manager				
Starting and finishing salary and benefits	List your main duties and responsibilities		Reason for leaving	

NAME AND ADDRESS OF EMPLOYER Please print clearly		From	To	Position held
		Month / Year	Month / Year	
NAME ADDRESS				
Tel. No Name of Manager				
Starting and finishing salary and benefits	List your main duties and responsibilities		Reason for leaving	

GENERAL INFORMATION

HEALTH/MEDICAL HISTORY

This page will be detached prior to the selection interview

How many days have you been absent from work through illness or injury in the last 12 months?
Please give details.

Do you have a health problem or disability which is relevant to your job application? YES NO
If YES please describe the health problem or disability in this space.

Do you need any special facilities to help you attend an interview or perform the job? YES NO
If YES please give details.

CRIMINAL CONVICTIONS

Have you ever been convicted of a criminal offence, other than a "spent" conviction under the Rehabilitation of Offenders Act 1974? YES NO
If YES please give details.

EQUAL OPPORTUNITIES

The Company is Committed to continuing to develop its Equal Opportunities Policy to ensure that all job applicants and employees are treated fairly, irrespective of sex, age, marital status, disability, racial or ethnic origin. This section of the application form will help us to monitor the effects of our Policy and will be used for no other purpose. We would be grateful if you would complete it.

Ethnic Origin (please tick one box)

I would describe my ethnic origin as :

BLACK

Afro-Caribbean

African

Asian

Other - please specify

WHITE

UK European

Other - please specify

Marital Status

Single

Married

Separated

Divorced

Widowed

Age

Date of Birth Day _____ Month _____ Year _____

Age last birthday _____

Sex

MALE

FEMALE

Name _____ Date _____

Position applied for _____

ADDITIONAL INFORMATION

Please use this page to give brief details of other skills, experience, qualifications (including membership of professional institutions), fluency in foreign languages, leisure activities and any other interests which you feel are relevant and will support your application. Please complete on a separate sheet if necessary.

PERSONAL REFERENCES

Please give details of two people (not relatives) we could approach for references after having obtained your permission.

Name _____

Occupation _____

Address _____

_____ Postcode _____

Telephone _____

Name _____

Occupation _____

Address _____

_____ Postcode _____

Telephone _____

DECLARATION

I hereby declare that to the best of my knowledge the information contained in this form is true and accurate. I understand that any false declaration may render me liable to dismissal.

Signed _____

FOR OFFICIAL USE ONLY

Application acknowledged (date) _____

Interview record:

First interview (date) _____

Interviewer(s) _____

Comments _____

Second interview (date) _____

Interviewer(s) _____

Comments _____

Interview result:

Offer (date) _____

Signed _____

Reject (date) _____

Signed _____

PLEASE RETURN THIS APPLICATION FORM TO :

	BRANCH	ADDRESS	TEL. NO
<input type="checkbox"/>	Erith	Europa House 68 Hailey Road Erith Kent DA18 4AU	020 8311 5000
<input type="checkbox"/>	Birmingham	Europa House Tilton Road Bordesley Green Birmingham B9 4PP	0121 776 8000
<input type="checkbox"/>	Bristol	Europa House Unit 1, Severnside Trading Estate Bristol BS11 9AG	0117 982 1000
<input type="checkbox"/>	Nottingham (EMA)	Unit 2 Building 110 East Midlands International Airport Castle Donington Derbyshire DE74 2SA	01332 815 900
<input type="checkbox"/>	Glasgow	Unit 7 Hornock Road, Gartsherrie Industrial Estate, Coatbridge, Scotland ML5 2QA	01236 700 900
<input type="checkbox"/>	Heathrow	Unit 6 Mereside Park Shield Road Ashford Middlesex TW15 1BL	01784 264 000
<input type="checkbox"/>	Manchester	Europa House, 2nd Avenue Trafford Park Village Trafford Park Manchester M17 1EE	0161 872 8094
<input type="checkbox"/>	Newcastle	Bentall Business Park Glover Industrial Estate District 11, Washington Tyne & Wear NE37 3JD	0191 415 3452
<input type="checkbox"/>	Northampton	Plot 5 Cheney Drive Grange Park Northampton NN4 5FB	01604 707 770
<input type="checkbox"/>	Southampton	Unit 2 Bottings Industrial Estate Botley Hampshire SO30 2DY	01489 796 050