

Job Application Form

POSITION APPLIED FOR & JOB REFERENCE:

PERSONAL DETAILS			
Title	First Name	Middle Name	Surname
Address			
County			Postcode
Mobile No.	Home No.		Email

IDENTIFICATION										
<p>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</p>										
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)	Result/Grade Certificate Gained

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LANGUAGES SPOKEN	Level of Proficiency

EMPLOYMENT HISTORY

CURRENT EMPLOYER NAME:

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			
Dates you are unavailable for an 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)

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 Charles Muddle Ltd?

Yes

No

If Yes, please state the job title and from-to dates

Are you related to any employee(s) of Charles Muddle Ltd?

Please provide name/relationship of employee(s)

Yes

No

Name/Relationship:

Do you know any employee(s) of Charles Muddle Ltd?

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? Yes No Do you have access to a car? Yes No

PLEASE GIVE DETAILS OF ANY MOTORING OFFENCES:

Date	Details of offence (code)	Number Penalty Points

REHABILITATION OF OFFENDERS ACT 1974

Have you any convictions that are not spent under the Rehabilitation of Offenders Act? Yes No
If yes please provide further details (Spent convictions do not have to be declared)

Date	Details of offence	Conviction / Penalty

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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? Yes 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? Yes 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

CHARLES MUDDLE 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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Completion of this section is optional

EQUALITY RECRUITMENT MONITORING FORM

Charles Muddle Ltd 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

Do you consider yourself to have a disability or health condition?

Disability is defined as a physical or mental impairment

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

EQUALITY RECRUITMENT MONITORING FORM - CONTINUED

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 | |

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

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