

Reference No.

## Confidential Application Form for Employment

Position Applied for.....

What type of work do you require?

Full Time [ ] Part Time [ ] Weekends Only [ ]

Why are you applying for this position?.....

.....

Dates available for interview.....

### Personal Details

Surname: \_\_\_\_\_ Forename(s) \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ [ ] Male [ ] Female

Date Of Birth: \_\_\_\_\_ NI Number: [ ][ ][ ][ ][ ]

Number of Dependants: \_\_\_\_\_ Ages: \_\_\_\_\_

### Next of Kin Details

Surname: \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Relationship with Employee \_\_\_\_\_

**Activities**

What are your main hobbies and interests?

.....  
.....  
.....

Do you hold a full and valid UK driving licence? Yes [ ] No [ ]

How do you intend to travel to work?.....

Have you ever been convicted of a criminal offence, or have any prosecutions pending (including driving convictions)? Yes [ ] No [ ]

Have you any history of drug abuse, including alcohol? Yes [ ] No [ ]

If you have answered yes to either question above please give full details including dates and if convictions are now 'spent'

.....  
.....

**Entitlement to work in the UK:** Please note that you must produce evidence of your right to work in the UK before you can be given employment. To avoid delay you should take with you to your interview the original of a document providing such a right (eg. Birth Certificate, P45, P60, National Insurance Card or Passport) and a photocopy of it.

I certify the information given is correct and that I am entitled to work in the UK. I understand that misrepresentation, falsification or omission of factual information requested on this form may result in dismissal.

Are you **legally** entitled to work in the UK? Yes [ ] No [ ]

Applicant's signature.....

### Education

<u>School/College</u>	<u>Subjects studied</u>	<u>Qualification Achieved</u>

### Training & Qualifications (Please tick any subjects you have received training or a qualification in)

Health & Safety at Work [ <input type="checkbox"/> ]	First Aid [ <input type="checkbox"/> ]
Basic Food Hygiene [ <input type="checkbox"/> ]	COSHH [ <input type="checkbox"/> ]
Manual Handling [ <input type="checkbox"/> ]	Fire Safety [ <input type="checkbox"/> ]
NVQ Level -	

**Other training completed during your career that may be relevant to this role (certificates will be required to validate)**

**Further training**

Would you like to receive training in this job, if so in what areas?

.....  
 .....

**Employment**

Are you currently in employment? Yes [ ] No [ ]

If yes, what is your notice period? .....

**Employment History**

Name & Address of Employer	Date From	Date To	Job Description - Roles & Duties	Reason for Leaving

Please give details of two references, one of which should be a previous employer

Name	Organisation	Address	Position Held	Contact Number

Name	Organisation	Address	Position Held	Contact Number

### Medical History

Please state the number of days you were absent from work through illness in the last 12 months.....

If over 7 consecutive days, please give reasons

.....  
 .....  
 .....

Complete the following to the best of your knowledge and please be honest in all areas. Activ SAS Ltd does not discriminate on the grounds of disability. We will at all times strive to provide special working arrangements where necessary.

Do you have problems with any of the following?

- Your Hearing    Yes [ ]    No [ ]    Your Nose        Yes [ ]    No [ ]  
 Your Throat     Yes [ ]    No [ ]    Your Mouth       Yes [ ]    No [ ]  
 Your Ears        Yes [ ]    No [ ]    Your Skin         Yes [ ]    No [ ]

Do you wear glass/contact lenses? (Please give details)

.....  
.....

In the last 5 years have you visited your doctor, attended hospital for treatment or had any major operation or illness? Yes [ ] No [ ]

Are you or have you recently been taking any medicines, drugs or injections, prescribed or otherwise? Yes [ ] No [ ]

Have you ever had fits or loss of consciousness in any context? Yes [ ] No [ ]

If you answered yes to any of the above, please give full details:

.....  
.....

**Equal Opportunities**

Activ SAS Ltd is committed to being an equal opportunities employer. We will ensure that candidates from all ethnic backgrounds and those with disabilities can complete equally for jobs. Please help us monitor the effectiveness and ensure that facilities are available where applicable by completing the details below. This information will not form part of our recruitment decision.

Do you consider yourself with a disability? Yes [ ] No [ ]

Are you registered as having a disability? Yes [ ] No [ ]

Please indicate what you regard to be your ethnic origin.....

Does your religion require any special arrangements or break periods Yes [ ] No [ ]

**Data Protection**

You understand and agree that the company is permitted to hold personal information about you as part of its personnel procedures and other business records and may use such information in the course of the company's business. You agreed that the company may disclose such information to third parties in the event that such disclosure is, in the company's view, required for the proper conduct of the company's business. This clause applies to information held, used or disclosed in any medium.

**Job Offer**

If you are unsuccessful with this position, are you happy for us to keep your details on file should another opportunity arise? Yes [  ] No [  ]

Please state where you heard about a job opportunity with Activ SAS Ltd.....

I confirm that the information given on this form is correct and that any false information given will be treated as gross misconduct and may render me liable for dismissal. I understand that any offer of employment is subject to satisfactory references and that I will be subject to an initial 3 month probationary period. The company reserves the right to extend this probationary period if it deems necessary. I understand that in many circumstances fixed working hours cannot be guaranteed due to the nature of the trade.

Signature of Applicant.....

Date.....

**Please explain how you meet the essential and desirable criteria for each of the attributes below, in relation to the position for which you are applying. You may continue on additional pages if you wish.**

Attributes	Essential Criteria	Desirable Criteria
Knowledge		
Skills/Abilities		
Experience		
Qualifications		

Attributes	Essential Criteria	Desirable Criteria
Personal Circumstances		

**Please return your completed application to the Head Office address:**

**Activ SAS Ltd, Unit 5, Bond Street Court, Winsover Road, Spalding, Lincs. PE11 1DY**

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