



EMPLOYMENT APPLICATION

Please complete this form using black or blue ink.
It is important that you complete the form as fully as possible



VACANCY DETAILS	
JOB APPLIED FOR:	WHERE DID YOU SEE THIS JOB ADVERTISED?
JOB REF:	
PERSONAL DETAILS	
SURNAME	FIRST NAME/S
ADDRESS	WORK TELEPHONE: HOME TELEPHONE: MOBILE TELEPHONE:
	E-MAIL ADDRESS:
	NATIONAL INS. NO.

REHABILITATION OF OFFENDERS ACT 1974

Have you ever been convicted of a criminal offence YES / NO

Are you currently the subject of a criminal investigation or charges YES / NO

If you have answered **YES** to either of the above questions, please give details on a separate sheet and put it in a sealed envelope attaching it to the form. This information will only be used if you are short-listed, otherwise it will be destroyed unopened. Please ensure that you write your name and the title of the position you are applying for on the front of the envelope.

HEALTH DECLARATION

Have you suffered any illness or injury causing you to be continuously absent from work for more than 10 days in the last 5 years? YES / NO

How much sick leave have you had in the last 2 years _____

Please give details: _____

Are you willing to undergo a medical examination? (If required) YES / NO

1. SECONDARY EDUCATION	
SCHOOL ATTENDED	QUALIFICATIONS GAINED

2. FURTHER EDUCATION	
UNIVERSITY / COLLEGE ATTENDED	QUALIFICATIONS GAINED State level of grade and date achieved

3. PRACTICAL TRAINING/OTHER EXPERIENCE
<p>DETAIL APPRENTICESHIPS, TRAINING SCHEMES, IT SKILLS, COURSES AND SEMINARS ATTENDED</p> <p>DETAIL OF OTHER STUDIES BEING UNDERTAKEN AT PRESENT</p>

4. WORK / VOLUNTARY EXPERIENCE
<p>Please give details of any work / voluntary experience (include positions of responsibility)</p>

5. MEMBERSHIP OF PROFESSIONAL BODIES		
NAME OF INSTITUTE / PROFESSIONAL BODY	CURRENT LEVEL OF MEMBERSHIP (EG; Corporate)	MEMBERSHIP NO. Include date obtained

6. EMPLOYMENT HISTORY

Please list all previous jobs dated to the nearest month, starting with your most recent.

You should include all periods of work experience / work placements

NAME & ADDRESS OF PRESENT / MOST RECENT EMPLOYER: _____

POSITION HELD _____

DATE FROM _____ TO _____

SALARY & MAIN BENEFITS _____

NOTICE REQUIRED _____

DESCRIPTION OF MAIN RESPONSIBILITIES / DUTIES

WHY DO YOU WISH TO CHANGE YOUR CURRENT EMPLOYMENT?

7. PREVIOUS EMPLOYMENT HISTORY

EMPLOYED		NAME & ADDRESS OF EMPLOYER	JOB TITLE Main Responsibilities / Duties	REASON FOR LEAVING
FROM	TO			

If you require further room please continue on a separate sheet, clearly marking it with your name and the position you are applying for.

8. EQUAL OPPORTUNITIES

We operate an Equal Opportunities Policy and are required to report to our Regulators and Boards on this subject for monitoring purposes. Under the terms of the Data Protection Act, this information will only be used to monitor our compliance with the law. Information collated below will be treated as strictly confidential and is not passed to those involved in the short-listing process. The Human Resources Department detaches this page.

If you do not wish to answer this questionnaire, your application will not be affected in any way.

Do you need a Work Permit: YES / NO [This is required due to legislation]

Post Applied for:

(for office use only)
Est. Reference

GENDER (Please Tick)

Female

Male

AGE BRACKET (Please Tick)

Under 25

26-34

35-44

45-54

Over 55

ETHNIC ORIGIN (Please Tick)

- White: British
- White: Irish
- White: Other
- Asian/Asian British: Indian
- Asian/Asian British: Pakistani
- Asian/Asian British: Bangladeshi
- Asian/Asian British: Other

- Mixed: White & Black Caribbean
- Mixed: White & Black African
- Mixed: White & Asian
- Mixed: Other

- Black/Black British: Caribbean
- Black/Black British: African
- Black/Black British: Other

- Chinese
- Not Known
- Other (Please specify) _____

WHAT IS YOUR RELIGION? (Please Tick)

- None
- Hindu
- Buddhist
- Sikh
- Muslim
- Jewish
- Christian (Please specify denomination)

- Other (Please Specify)

GENDER (Please Tick)

- Female
- Male

9. DISABILITY DISCRIMINATION ACT 1995

Do you have any disability you wish to tell us about?

YES / NO

This information will be used for statistical purposes only

We are committed to The Positive About Disability Programme. If this applies to you, please enter the information below and detail any special requirements should you be invited to interview:

10. MISCELLANEOUS INFORMATION

We need to know whether you or a close relative have in the last 12 months worked for the Longhurst Group of Companies as an employee, Board member, contractor, supplier or consultant. If you think any or all of these statements might apply to you, could you please provide details below:

11. REFERENCES

PLEASE GIVE DETAILS OF TWO REFEREES.

Reference No.1 should be your present or most recent employer. For 1st time job seekers: a schoolteacher, lecturer or similar person. If the referee knows you by a different name, please specify.

Note: We do not usually apply for references until an offer of employment has been made.

1. NAME & FULL ADDRESS	
TELEPHONE	
OCCUPATION:	
RELATIONSHIP TO YOU:	
MAY WE CONTACT FOR A REFERENCE AT ANY TIME?	YES / NO

2. NAME & FULL ADDRESS	
TELEPHONE	
OCCUPATION:	
RELATIONSHIP TO YOU:	
MAY WE CONTACT FOR A REFERENCE AT ANY TIME?	YES / NO

DECLARATION:

The information I have given in this application is correct. I understand that any false statement could result in my employment being terminated without notice should I be successful.

I note that Longhurst Group conforms to requirements under the Data Protection Act and I understand that all unsuccessful applications are confidentially destroyed after 6 months.

Print Name: _____

Signature: _____ Dated: _____

Please return your completed application to:

Strictly Confidential

Human Resources

Longhurst Group Ltd

Leverett House, Gilbert Drive

Endeavour Park, Boston

Lincolnshire PE21 7TQ

Telephone No. 01205 319625

Direct Fax No. 01205 365293

12. ADDITIONAL INFORMATION

Please provide further information below to support your application. CV's are not accepted.

Provide details of what you think you can contribute to this position and the elements of a job you enjoy.
If you require further room please continue on a separate sheet, clearly marking it with your name and the position you are applying for.

ARE YOU AVAILABLE FOR INTERVIEW ON THE DATE ADVERTISED?

YES / NO

IF THE JOB INVOLVES TRAVEL, DO YOU HOLD A CURRENT DRIVING LICENCE?

YES / NO

GIVE DETAILS OF ANY DRIVING ENDORSEMENTS / DISQUALIFICATION: