



Application for Employment

PLEASE PRINT

Application Details

Position(s) applied for _____ Date of application / /

Surname _____ First Name _____

Full postal address _____

_____ Postcode _____

E-mail address: _____

Telephone (incl. STD code) _____ National Insurance No _____

Please indicate preferred method of contact _____

General Information

Are you in general good health?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If No, please state your medical condition _____				
Are you receiving any medical treatment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please state what _____				
Have you in the past had periods of ill-health resulting in absence from work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please state illness and duration _____				
Are you willing to have a medical examination if required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you smoke?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you hold a clean driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you at any time been convicted of a crime resulting in a prison sentence (actual or suspended)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes please give brief details _____				
Are you legally eligible for employment in the UK	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you are not a UK or European Union national, please state on what basis you can work _____				
Have you been employed by this Company before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please give job titles, dates and reasons for leaving _____				
Date available for work				/ /
Will you work overtime if required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you consider yourself to be a disabled person?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any adjustments we need to make to enable you to meet the job criteria or attend interview: _____				
Would you travel if job requires it?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Declaration

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the Company's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

The employer is an Equal Opportunities Employer. The Company does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by law.

Applicant's signature _____ Date / /

Equal Opportunities Monitoring Form

CONFIDENTIAL

The Continuum Group is an equal opportunities employer.

It is our aim that there shall be equal opportunities in this organisation. There will be no discrimination on grounds of sex, being married, colour, race or religious belief, or on any grounds, including disability or age, except where this is necessary to ensure that the job is done effectively and safely.

Procedures designed to avoid the possibility of discrimination at each stage of the recruitment process have been introduced. As part of this exercise you are asked to complete the following questionnaire. The information gathered will help us to monitor the effectiveness of our Equality Statement and other employment policies.

All personal data supplied on this form which is subsequently stored on computer is subject to the provisions of the Data Protection Act 1984.

This form will be kept separate from your application form. It will not be seen by those responsible for short listing or interviewing applicants.

Please state the job title of the vacancy for which you are applying:

Are you: Male Female

Marital status: Married Separated/divorced Single Other

Do you care for dependants: Children Elderly Disabled Other

Date of birth

Do you consider yourself to have a disability ? Yes No

How would you describe your ethnic origin (please tick): N.B. This is not a question about nationality or place of birth.

Black/Caribbean

Black/African

Black/Other

Indian

Bangladeshi

Pakistani

Chinese

White

Other (please specify)

Please tick if you are applying on a job sharing basis

Where did you see this post advertised: