

## Application for Employment

### 1 Vacancy

Position applied for:	
Location:	

### 2 Personal Details

Surname:	Previous Surname:
Forenames:	Title: Mr. Mrs. Miss Dr Other
Home Address:	
Postcode:	
Tel: Day:	Fax:
Evening:	Email:
Date of Birth:	National Insurance No:
Would you have to move home to take up this post?	Yes/No
Do you have a current driving licence?	Yes/No

I confirm that the details given in this form are current and complete. I understand that any false statement might be sufficient cause for rejection or, if employed, dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Official use:							
Full time	Part time	Permanent	Temporary	Staff office	Staff site	Operative	
Interview	Yes/No			Rejection	Yes/No		
Date of interview:				Letter sent (date):			
Time:				Manager conducting interview:			
Location:							
Offer made:	Yes/No			Further action:			
Letter sent (date):							

Comments:

**3 Education**

Dates	School/College/University	Exam Results/Qualifications (taken or to be taken)

**4 Professional Membership of any organisation relevant to the job:**

Professional body/organisation	Membership registration No	Grade	Date of membership

5 Training - please list any job-related courses you have taken:

Date	Course title	Organiser	Trainer

**6 Employment history (please list most recent employer first):**

**Current salary:**

Dates		Employer's Name & Address	Job Title	Reason for Leaving
From	To			

**7 Other information to support your application**

Please explain your reasons for applying for this position, highlighting specific knowledge, experience or skills which you believe are relevant and indicate why:

**8 General**

<p>Do you have any other work, e.g. part time or voluntary work, you intend to continue?</p> <p>If yes, please give brief details:</p>	<p>Yes/No</p>
<p>Do you have any commitments which may limit or influence your working hours, e.g. judicial, military or local government?</p> <p>If yes, please give brief details:</p>	<p>Yes/No</p>
<p>Have you ever been dismissed from employment?</p> <p>If yes, please give circumstances:</p>	<p>Yes/No</p>
<p>Have you ever been convicted of a criminal offence?</p>	<p>Yes/No</p>
<p>Are you a member of a Trade Union?</p> <p>If yes, please name:</p>	<p>Yes/No</p>
<p>Have you worked for an Armoury Group company previously?</p> <p>Dates: Line Manager:</p>	<p>Yes/No</p>
<p>Do you know anyone currently employed by Ecostruct Ltd</p>	
<p>Main hobbies/interests</p>	
<p>Do you belong to any clubs or societies?</p>	

## 9 References

Please give two referees:

Character:	Work experience:

## 10 Start of Employment

When could you start employment if offered the job?	
What leave or holiday commitments do you have?	

## 11 Medical

Would you be willing to undergo a medical if required?	Yes/No
Do you smoke?	Yes/No
Please describe below any serious illnesses, disabilities or injuries with dates, particularly any occupational health problems:	
Are you Registered Disabled? If yes, Reg No:	Yes/No
Do you have any disabilities which may affect your application? If yes, please give brief description:	Yes/No

How many days absence have you had through ill health in the last 12 months: (please tick)

Days:      0-3       4-10       11-20       21-29       30+

**12 Equal Opportunities Monitoring**

Recruitment Policy: It is Ecostruct Ltd company policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training, and not to discriminate against any person because of race, colour, age, national origin, sex, disability or marital status.

Ecostruct Ltd operates a policy of equal opportunity. Please assist in the monitoring of this policy by completing the following:

12.1 I would describe my race or cultural origin as: (please tick one box only)

Bangladeshi	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>

Any other race or ethnic group (please describe):

12.2 My sex is: (please tick appropriate box)

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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12.3 My marital status is: (please tick appropriate box)

Married	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Single	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Living with partner	<input type="checkbox"/>		<input type="checkbox"/>

12.4 Is there anyone who relies on you for day-to-day care and attention? Yes/No

If yes, are they:

Children of age:	0 - 4	<input type="checkbox"/>
	5 - 11	<input type="checkbox"/>
	12 - 16	<input type="checkbox"/>
Other family member of partner		<input type="checkbox"/>

12.5 Are you Registered Disabled? Yes/No

If yes, Reg No:

12.6 My age is:

16-19  20-29  30-39  40-49  50-59  60

*This information will be kept separate from your application form and will be treated in the strictest confidence.*