Barnsdales

Employment Application Form



APPLICATION FOR EMPLOYMENT

Section 1. Vacancy Details				
Application for position	Campaign no			
Department / Team				
Sec	tion 2. Employment			
Employer's address				
	Post codo			
Job title	Post code			
What period of notice is required by your	current employer?			
Previous employers				
Please list previous employers				
Employer	Position Held			

Section 3. Education and Training

Education

Qualification(s) obtained and those currently being pursued

Institution	Qualification

Training

Work related courses

Course title & subjects covered	Training organisation

Membership of professional bodies

Body	Membership status
Registration N ^o	Renewal date
Body	Membership status
Registration N ^o	Renewal date

Other relevant work

Please disclose if you have any other job or receive income from any work you do or intend to do outside of your mainstream employment, also include voluntary, unpaid work, community work.

Section 4. Relevant Experience and Skills

Shortlisting and selection will be based on the criteria set out in the key skills and person specification sections of the job description.

Please demonstrate how you will satisfy each part of the Job description, drawing on your personal and work experience, skills, education and training.

The information on this sheet will be separated from your application as soon as it is received. It will not be passed on to anyone involved in short listing or appointment to this post.

Section 5. References

Please give the name, address and telephone number of two referees. One should be your current or most recent employer.

Name	Email a	ddress		
Position				
Address				
Post code	Telepho	one N ^o		
Name	Email a	ddress		
Postion				
Address				
Post code	Telepho	one N ^o		
May your pres	ent employer be contacted if you are shortlisted?	Yes	No	
Do you require	e a work permit to work in the UK?	Yes	No	
Have you ever	been convicted of a criminal offence?	Yes	No	
-	ubject to the Rehabilitation of Offenders Act)			

If yes, please give details

Data Protection Act 1998

Information provided by you in section 6 of this application form will be kept for the purposes of monitoring. It will be copied for use during the recruitment process. Once the recruitment process is completed, the data will be stored for a maximum of 6 months and then destroyed. If you are the successful candidate, relevant information will be taken from this form and used as part of your Human Resources record.

The information on this sheet will be separated from your application as soon as it is received. It will not be passed on to anyone involved in short listing or appointment to this post.

Section 6. Personal Details

First name	Surname			
Title (Mr/Mrs/Ms etc)	Email			
Address				
Home Telephone N ^o	Post code			
Current or most recent salary and benefits				
May we contact you at work?		Yes	No	
Daytime Telephone	Evening Teleph	ione		

Section 7. Equality of Opportunity

Barnsdales operates an equal opportunity policy. To help us monitor its effectiveness, please complete this section and tick the appropriate boxes below:

Do you currently work for Barnsdales or one of its subsidiaries?

Yes No

Are you related to any employee of the company?

Yes No

What is your gender?

Male Female

Would you describe yourself as having a disability?

Yes No

Please tick the box from the list below which best describes the ethnic group to which you belong:

White British	Black or Black British Black Caribbean	Asian or Asian British Indian
Irish	Black African	Pakistani
Any other white background	Any other black background	Bangladeshi
Please specify	Please specify	Any other Asian background
		Please specify
Mixed		
	Chinese or other ethnic group	
White & Black Caribbean	Chinese	
White & Black African	Any other ethnic background	
White & Asian	Please specify	
Any other mixed background		
Please specify		

To help us monitor our advertising policy, please say where you saw this post advertised

Declaration

I declare that the information contained in this application is, to the best of my knowledge and belief, complete and correct. I understand that if I have knowingly provided false information, I may be disqualified or dismissed after appointment.

I consent to the use of this information as outlined above.

Signature

Date

Alternatively, if you are completing this form on line, please check this box to denote your consent to the use of this information as outlined above

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