

Application for Employment

For Office Use: Ref No:	App No:
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In order to monitor the progress of our recruitment and selection practices we need from you the personal details asked for on this and the back page of this form. This personal information will be kept securely in the Personnel Department and not made available to anyone before or during shortlisting to ensure that only your abilities, experience and qualifications are considered

<h2 style="margin: 0;">Your Personal Details</h2> <p style="margin: 0;">This portion of the form will be detached prior to shortlisting</p>			
Your First Name (s)			
Surname			Mr/Mrs/Miss/Ms/Dr
Previous Surname (s)			
Address			
	Post Code:		
Telephone Numbers	Home:	Work:	
	Mobile:		
Email Address			
Your Date of Birth:	Day:	Month:	Year:
National Insurance No:			
Next of Kin			Relationship:

<h2 style="margin: 0;">Referees</h2> <p style="margin: 0;">Tick box if you require no contact prior to interview</p>			
1. Present Employer	2. Previous Employer		
Name:	Name:		
Occupation:	Occupation:		
Telephone No.	Telephone No:		
Email:	Email:		

Please note that one of the referees should be your present/most recent employer
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<h2 style="margin: 0;">Other Information</h2>			
Do you need a work permit to work In the UK?	YES	NO	
In which publication did you see the advertisement for this post? _____			
Have you Previously worked for O Seaman and Son Ltd	YES	NO	

For Office Use:
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Current/Previous Employment

Current/Last Job Held:

Employer Name

Employer Address:

Current Salary

Grade/Scale

Next Salary Review Date

Dates

From:

To: Present

No. of years:

Reason for Leaving

Main Responsibilities/Duties:

If the job for which you are applying will not be your only job, please give details of all other employment, including employer and number of hours worked each week. (Information required under the Working Time Regulations and Exclusivity Contractual Clause)

Previous Employment

(Most recent first)

Employer	Position held and brief explanation of roles and responsibilities	From	To

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Membership of Professional Institutions

(State level and date of membership and whether gained by examination)

Membership Start Date	Organisation	Membership No.	Level of Membership (If applicable)

Education

Dates		School/College/University	Subject(s)	Qualification Level	Grade
From	To				

Skills

IT- please comment on your knowledge/usage of the packages listed below

Package	Level			Further Comments
	No Knowledge	Minimal User	Frequent User	
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MS Power Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E-Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other (Please give further details)

Job Related Training

(Give details of any training courses attended)

Further Details

If you have any other relevant information concerning your experience relating to the selection criteria outlined on the person specification please give details below. Additional sheets may be attached. Please state your name and Job Reference Number on each sheet.

Vehicles

Do you hold a current driving licence (excluding a provisional licence)?

Yes

No

Have you any valid endorsements?

Yes

No

If yes, please provide details: _____

Equal opportunities monitoring self-classification

We hope you will assist us by completing this form. This information is being requested to monitor the operation of O. Seaman & Son's Equal Opportunities Policy and the effectiveness of advertising media used, and for no other reason. The data will be treated with the utmost confidentiality and will not be taken into account when assessing the information contained on your application form.

Name:

Date of Birth:

Are you: Male? Female? (Please tick)

Position applied for:

ETHNIC ORIGIN

How would you describe your ethnic origin:

Ethnic origin refers to members of an ethnic group who share the same cultural background and identity.

Please note the categories listed below are approved by the Commission for Racial Equality.

Please put a tick on one of the boxes.

Black African

Chinese

Irish

Black Caribbean

Indian

White – including UK

Bangladeshi

Pakistani

Any other Group

(Please specify)

Black Other *(Please specify)*

MARITAL STATUS

Please tick appropriate box.

I am:

Married

Single

Other

DISABILITY

Do you consider yourself to have a disability or long-term health problem:

Yes

No

If yes, please give details:

Definition of Disability

Section 1 of the Disability Discrimination Act defines a person as having a disability if he/she "has a physical or mental impairment, which has substantial and long term adverse effect on their ability to carry out normal day to day activities".

Criminal Disclosure and Rehabilitation of Offenders Act Exceptions Order 2001

You do not generally have to disclose details of spent convictions. However, if the post you are applying for is exempt from the Rehabilitation of Offenders Act by virtue of the (Exceptions) Order because it could involve access to persons who are disabled, addicted to drugs, alcohol or under 18 or over 65 years of age, you must disclose details of all convictions, including cautions, spent or otherwise. (Please refer to guidance notes). Alternatively disclose convictions below. Please note that all posts are subject to a criminal record check. In accordance with the Rehabilitation of Offenders Act 1974 only relevant convictions will be taken into account when assessing your capability.

If you do not have any convictions to disclose write "no convictions"

If you do not disclose any known convictions on your application form and we subsequently discover you have relevant convictions your offer or employment will be withdrawn or your contract of employment will be terminated.

I sign that the above is a true statement.

Signed:

Date:

Declaration

I declare that the information given on this form is correct to the best of my knowledge and belief and I understand that any false statements on this form will justify dismissal from the Company's service.

Signed:

Date:

By signing and returning this form, you consent to O Seaman and Son Ltd using and keeping information about you, provided by you or by third parties such as referees, relating to your application for future employment. If you email this document you will have to sign the form if you are invited to attend an interview. This information will be used solely in the recruitment process and will be retained for six months from the date an appointment is made.

Please check that this application is fully completed. You can either scan in and email to

mail@seamans.co.uk

or alternatively please post to:

Personnel Department
Seamans Building, Prospect House
Elm Farm Park
Great Green, Thurston
Bury St Edmunds
Suffolk, IP31 3SH