

Actons Application Form

The information supplied on the Application Form will be treated as strictly confidential and will be used only for the purpose of personnel administration.

Personal Details

Title: Forename(s): Surname:

Home Address:

Postcode:

Private Telephone:

Business Telephone:

Mobile Telephone:

Email Address:

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National Insurance Number

Education, Qualifications & Training

Beginning with the most recent events, give details of your education, qualifications and training to date. Include under "Details" the places you attended.

Details	Dates From/To	Qualifications Gained

Employment Required

Position applied for :

Salary expected: £ per

Notice period at current employer:

When would you be able to start work?

If offered a position, will you continue work in any other capacity?

Yes No

Have you previously been employed at Actons?

Yes No

If yes, please give details.

Have you previously been interviewed for a position at Actons?

Yes No

If yes, please specify when and for what position.

Do you know anyone employed by Actons?

Yes No

If yes, please give details.

Where did you hear about the vacancy?

Employment

Name & Address of Employer	From Month/Year	To Month/Year	Starting Salary £ per	Leaving Salary £ per	Name of Manager
	Job Title				
	Describe the work you did				
Telephone:					
Type of Business:	Reason for Leaving				
Name & Address of Employer	From Month/Year	To Month/Year	Starting Salary £ per	Leaving Salary £ per	Name of Manager
	Job Title				
	Describe the work you did				
Telephone:					
Type of Business:	Reason for Leaving				
Name & Address of Employer	From Month/Year	To Month/Year	Starting Salary £ per	Leaving Salary £ per	Name of Manager
	Job Title				
	Describe the work you did				
Telephone:					
Type of Business:	Reason for Leaving				

Experience

Outline particular experience gained in previous positions, or in activities outside of work, that you feel show your aptitudes and skills for the position you are applying for.

Please describe any other work you have been involved in e.g. Voluntary, Freelance, project work etc.

Dates/Duration	Description

Interests

Give details of your interests, hobbies etc.

Health & Medical History

How many days have you been absent from work though illness or injury in the last twelve months?
Please give details.

Disability Discrimination Act 1995

Applications from people with disabilities are welcome.

Do you suffer from any illness, condition or injury which you consider may affect your ability to perform the duties of your job or may require special arrangements or adjustments to be made in order for you to attend for interview?

Yes No

If yes, please give the nature of the illness, condition or injury and state what special arrangements or adjustments may be required in order for you to attend for interview or perform the duties of the job.

Additional Information

Give any further information, which you think may assist us in considering your application. Please use additional sheets if necessary.

Criminal Convictions

Have you ever been convicted of a criminal offence, other than a “spent” conviction under the Rehabilitation of Offenders Act 1974?

Yes No If yes, please give details.

References

Please provide names, addresses and occupations of two referees (not relatives), preferably previous employers whom we may approach with regard to your application at an appropriate and later date after obtaining your permission.

Name	Name
Occupation	Occupation
Address	Address
Postcode	Postcode
Telephone	Telephone

Terms of Submission

By submitting this application in this form, I confirm that to the best of my knowledge and belief, the information given is correct and complete and that any incorrect information or misleading information or any omission made with the intention of misleading the firm could lead to the withdrawal of any offer of employment or my dismissal.

Signed

Date

The information given on this form will be used for recruitment and selection purposes only. If Actons employs you all information will be transferred to our personnel records. By submitting this information you consent to Actons processing your information and to it being held in accordance with the Data Protection Act 1998.

If unsuccessful in this application and you do not wish us to retain your form on file to be considered for future vacancies will you please tick the box below.

Equal Opportunities

Actons is committed to continuing to develop its Equal Opportunities Policy to ensure that all job applicants and employees are treated fairly, irrespective of sex, age, marital status, disability, race, national or ethnic origin, religion, belief or sexual orientation. Although completion of this is not compulsory, we would be grateful if you could complete it.

This information is to be used only for internal monitoring purposes. Please note that this page will be detached for this purpose before the form is considered by those selecting candidates for interview.

Sex

Male

Female

Ethnic Origin (Please tick one box)

I would describe my Ethnic Origin as:

White

Black - Caribbean

Black - African

Black - Other (please specify)

Indian

Pakistani

Bangladeshi

Chinese

Other (please describe)

Sexual Orientation (Please tick one box)

I would describe my sexual orientation as

Heterosexual

Homosexual

Bi-sexual

Religion or Belief (Please specify)

I practice the following religion or belief :

Age (Please tick one box)

I belong to the following age group:

20-25

26-35

36-45

46-55

56-65

66 and above

Disability (Please tick)

Have you declared a health problem or disability, which is relevant to your job application ?

Yes No