

CONFIDENTIAL APPLICATION FORM FOR EMPLOYMENT



IMPORTANT: This form should be completed in full. The form may be completed electronically or by using black ink. The selection panel will receive a photocopy of this form.

Position Applied For:	_____
Job Reference No:	_____
How did you hear about the vacancy:	_____

PERSONAL DETAILS

Mr Mrs Miss Ms Dr

Surname: _____

Forenames: _____

Address: _____

Post Code: _____

Telephone Nos: _____

Home: _____

Work: _____

Mobile: _____

Email: _____

NI No: _____

Do you hold a full current driving licence: Yes No

Are you eligible to work in the country for which this position is located? Yes No



PRESENT/MOST RECENT EMPLOYMENT

<p>Employer's name and address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Position held:</p>	<p>Date from: _____</p> <p>Date to: _____</p> <p>Business type: _____</p> <p>Notice Period: _____</p> <p>Present Salary: _____</p>
<p>Please describe position held, main duties and key accountabilities. Please include any management responsibilities if applicable.</p>	



PREVIOUS EMPLOYMENT

Please give details of full and part time work you have undertaken during the past ten years. Please continue on a separate sheet if necessary. Please list in order with the most recent first.

Employers name, address and business type	Date from	Date to	State position held, brief outline of main duties and reason for leaving

TIME UNACCOUNTED FOR

Please give details of any time not accounted for above (including unemployment):



REASONS FOR APPLYING

Please briefly outline your reasons for applying for the post:

ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION

Please state below how you best meet the criteria set out in the person specification. You should provide examples and evidence of previous relevant experience and how you have used specific skills.



PROFESSIONAL AND TECHNICAL QUALIFICATIONS/EDUCATIONAL QUALIFICATIONS

Please detail further educational qualifications eg University or college degrees, BTEC, diplomas and any other professional and technical qualifications as well as 'A' level, GCSE/'O' levels or equivalent.

Subject	Qualification, grade obtained

TRAINING

Please provide details of relevant training you have undertaken.

Training Provider	Course Details



MEMBERSHIP OF PROFESSIONAL BODIES:

Please provide details of any professional bodies you are a member of:

Name of professional body	Level of membership

REFEREES

Please provide below the full names and addresses of two people who will be able to comment on your ability to do this job. One should be your current employer and if you have been with your present or last employer for 18 months or less, from your previous employer also. All appointments are subject to receipt of satisfactory references.

<p>Referee 1</p> <p>_____</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Post Code: _____</p> <p>Telephone No: _____</p> <p>Email: _____</p> <p>Position: _____</p> <p>May we contact prior to interview: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Referee 2</p> <p>_____</p> <p>Name: _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Post Code: _____</p> <p>Telephone No: _____</p> <p>Email: _____</p> <p>Position: _____</p> <p>May we contact prior to interview: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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AVAILABILITY AND INTERVIEW ARRANGEMENTS

Please give dates when you are not available for interview. Please note that although we will try to accommodate these, it may not be possible due to operational needs.

DATA PROTECTION

Econnect processes and stores data in accordance with the Data Protection Act 1998.

By signing and returning this application form you consent to Econnect using and keeping information about you, provided by you or third parties, such as referees, relating to your application or future employment in accordance with data protection guidelines.

DECLARATION

I declare that all the information given on this form is to the best of my knowledge, and belief to be true and accurate.

I understand that the details I have provided on this application form and any other associated documents, will be stored and processed in accordance with Econnect's recruitment procedures, as well as monitoring the effectiveness of this company's equal opportunities policy.

Signature: _____ Date: _____

Please return your completed application form to:

The Human Resources Department
Econnect Ltd
Energy House
19 Haugh Lane Industrial Estate
Hexham
Northumberland
NE46 3PU



EQUAL OPPORTUNITIES MONITORING

On receipt of your application form, this section will be separated from it and will not be used in either the shortlisting or appointment process.

Econnect is committed to Equality of Opportunity in respect of recruitment and employment practices and we aim to ensure that no employee or applicant is discriminated against, either directly or indirectly, on the basis of gender, race, age, marital status, religion or belief, disability or sexual orientation.

It is important for us to monitor the effectiveness of our Equal Opportunities Policy. We would like you to assist us in this by completing the following information. This information is confidential and will be used for monitoring purposes only.

Please complete the following by placing a cross in the box, which is most applicable to you.

Are you: Male Female

Nationality:

Date of Birth:

Age:

How would you describe your ethnic origin. This refers to people who share the same cultural background and identity, not country of birth or nationality.

- White British, White Irish, Other White Background, Asian or Asian British - Indian, Asian or Asian British - Bangladeshi, Chinese, Mixed - White & Black African, Other Mixed background, Information refused, Black or Black British - Caribbean, Black or Black British - African, Other Black Background, Asian or Asian British - Pakistani, Other Asian background, Mixed - White and Black Caribbean, Mixed - White and Asian, Other Ethnic background

Other please specify: _____

Do you consider yourself to have a disability? Yes No

Please outline any reasonable adjustments that Econnect should consider making for you?

I declare that all the information given on this form is to the best of my knowledge, and belief to be true and accurate.

Signature: _____ Date: _____