



# EMPLOYMENT

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Please list below present and past employment, beginning with your most recent. If you need to tell us more, please use a separate sheet.

Name and address of employer:

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From (inc. month/year)	To (inc. month/year)	Salary (£ per annum)	Job title

Describe the work you did:

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Reason for leaving:

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Name and address of employer:

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From (inc. month/year)	To (inc. month/year)	Salary (£ per annum)	Job title

Describe the work you did:

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Reason for leaving:

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Name and address of employer:

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From (inc. month/year)	To (inc. month/year)	Salary (£ per annum)	Job title

Describe the work you did:

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Reason for leaving:

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## **EMPLOYMENT CONT.**

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Name and address of employer:

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From (inc. month/year)	To (inc. month/year)	Salary (£ per annum)	Job title

Describe the work you did:

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Reason for leaving:

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If you are offered employment you will be expected to complete a medical questionnaire which may lead you to be examined by the Company Doctor. Do you agree to this?  Yes  No

If offered employment, I agree for Norbar to contact my referees for a reference which will include a question regarding the number of days/occasions of absence in the last two years.

Signed: \_\_\_\_\_

## **REHABILITATION OF OFFENDERS ACT 1974**

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Please give details of any unspent criminal convictions that you may have:

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If you require further clarification please contact the Human Resources Department.

## **IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006**

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Please note: all candidates who are invited for interview will be asked to provide documentary proof of entitlement to work in the UK (i.e. birth certificate or valid passport showing EEA citizenship or entitlement to work in the UK, National Insurance Card, P45 or P60 or Home Office evidence showing the right to work in the UK).

## **WORKING TIME REGULATIONS 1998**

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We need to know whether you are now, or are likely in the future, to work more than 48 hours per week. If you have or plan to have another job, please give details below.

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# REFERENCES

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Please provide us with the names and addresses of two professional referees. One of these must be your current employer. Please note your referees **cannot** be friends or members of your family. We will only contact these people if a job offer has been made and accepted.

Name:

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Address:

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Relationship of referee:

Tel.

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Name:

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Address:

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Relationship of referee:

Tel.

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Where did you hear about this position?

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## PERSONAL DETAILS

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Title: \_\_\_\_\_

Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Can we contact you at work?  Yes  No

## SENSITIVE DATA

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In accordance with the Data Protection Act 1998 the processing of the following information will be prohibited unless your explicit consent is given.

If you consent to our processing the following information for the purposes of equal opportunities monitoring please sign below.

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

## EQUAL OPPORTUNITIES MONITORING

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To help us monitor our equal opportunities policy, please complete this section. The information you provide us with is strictly confidential and will be removed before the application is considered for shortlisting. In accordance with our policy, your details will only be held for a period of 12 months and then destroyed.

The information provided will be separated from the rest of application and will play no part in the recruitment process or in any decision affecting you. It will not be placed in our personnel file.

You are not obliged to answer any of the questions in this section.

Name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Male  Female

Nationality: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## ETHNIC ORIGIN

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I would describe my ethnic origin as (please tick only one)

White  Mixed  Asian or Asian British  Black or Black British  Chinese or other ethnic group

## DISABILITY

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The Equality Act 2010 defines a disability as 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'. An effect is long-term if it has lasted or is likely to last more than 12 months.

Do you consider that you have or have had a disability under the Equality Act?  Yes  No

