



APPLICATION FORM

Position Applied for: _____

Full / Part Time: _____

Location: _____

Temp / Perm _____

Full Name (Mr/Mrs/Miss/Ms)

Current Address:

_____ Post Code _____

Home Telephone No:

Other Contact No (if convenient):

Email address:

National Insurance number / Work Permit Number (if applicable):

Incomplete application forms may not be considered through screening

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Reason for Amendment: Updated Document		

CURRENT OR MOST RECENT EMPLOYMENT (Must be completed)

Date started	Present or final salary	Other benefits
Name of Employer		Job Title
Address and telephone number of employer		
Note: No contact will be made with your present employer without your permission.		
Please list main duties		
What are your reasons for seeking a new position?		Notice required?

PREVIOUS EMPLOYMENT HISTORY

Please give details of your employment history up to the present or most recent job. References may be taken up, but not without your prior agreement.

Date Started	Date Left	Name & Address of employer	Position held & main duties	Reason for Leaving

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EQUALITY ACT 2010

Cooplunds is an equal opportunities employer. Disabled people are encouraged to apply. The Equality Act 2010 defines a person as having a disability if he/she "has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities".

Do you consider yourself to have a disability?

Yes

No

What is the nature of your disability?

Wherever possible and reasonable we will make adjustments and offer alternatives to help a person with a disability through the application and selection process. Please provide details below of any information you would like us to take into account with regard to your disability in order to offer you a fair selection interview.

REFERENCES

Please give the name and address of two references from which Cooplunds may seek information regarding your suitability for employment covering at least the last 5 years. If you are currently employed, one of your referees must be your current employer, otherwise it must be your most recent employer. If you are in, or have just completed full-time education, one referee should be from your school/college or university. These should not include a relative and personal referees must be able to comment on your skills and abilities in relation to the post.

1. Name _____ Occupation _____ Address _____ _____ Telephone No _____ Do not contact this person without prior consultation <input type="checkbox"/>
2. Name _____ Occupation _____ Address _____ _____ Telephone No _____ Do not contact this person without prior consultation <input type="checkbox"/>

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DECLARATIONS

Have you been the subject of formal disciplinary action in your past employment or are you currently in the process of ongoing disciplinary action in your current position?

Yes No

If 'yes', please give details below

Are you eligible to work in the United Kingdom and are you able to provide proof of this?

Yes No

The Immigration, Asylum and Nationality Act 2006 requires all employers in the UK to make basic document checks on every person, before they start work, therefore if you are asked to interview, you will be required to provide evidence (original documents only) that you are eligible to live and work in the UK and copies will be taken at interview and if unsuccessful these will be destroyed in accordance with the Data Protection Act 1998 (DPA). If you are offered the post these original documents will be retained on your personal file.

Do you have any convictions that are not spent under the Rehabilitation of Offenders Act 1974?

Yes No

If 'yes', please give details below

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Holiday arrangements

Are you planning, or have you booked any holidays / leave in the next year?

Yes No

If 'yes', please give details below

Interview planning

Please tell us if there are any dates when you will not be able for interview.

Data Protection Act 1998

The information contained in this application form, along with any information provided through Equal Opportunities Monitoring, References etc, will be processed in line with the Data Protection Act 1998. This information will be retained in a confidential and secure manner and may be entered onto a computerised recruitment system for administrative purposes.

Declaration

I agree that the information contained on this form and any other documents submitted by me in support of my application may be disclosed within Cooplands (Doncaster) Limited in accordance with the provisions of the statement in the data Protection Act 1998.

I believe that the information I have given is true. I understand and accept if it is found to contain any serious errors or omissions, any offer of employment may be withdrawn or any contract of employment may be cancelled.

Signed _____ Date _____

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Equal Opportunities Monitoring Form

Cooplands (Doncaster) Limited strives to operate a policy of equal opportunity and not discriminate against any person because of age, sex, race, disability, sexual orientation, religion or belief.

To help us monitor this, will you please provide information requested. The information you provide will be detached from the application form and only used for monitoring purposes.

How do you identify your ethnic group? Please tick one

The ethnic origin categories are the same as those used in the population census in 2001. They are recommended by the Commission for Racial Equality and are the basis for reporting statutory performance indicators.

A White	White British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Any other white background please specify	<input type="checkbox"/>
B Mixed	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	White and Black Caribbean	<input type="checkbox"/>
	Any other mixed background please specify	<input type="checkbox"/>
C Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Any other Asian Background please specify	<input type="checkbox"/>
D Black or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Any other black background please specify	<input type="checkbox"/>
E Chinese or other ethnic group	Chinese	<input type="checkbox"/>
	Any other please specify	<input type="checkbox"/>

My sex is Male Female

Do you consider yourself to have a disability? Yes No

Date of birth

Surname

First name(s)

Department [For existing employees only]

Pay number..... [For existing employees only]

Signed by [Applicant / Employee] Date

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