

EMPLOYMENT APPLICATION FORM

CONFIDENTIAL

- Please note:
- (a) Answer all relevant questions in support of application
 - (b) Use black ink and block capitals to facilitate photocopying
 - (c) The post reference number must be entered

APPLICATION FOR APPOINTMENT OF: LOCATION:	Post Reference Number:
Where did you see the advert for this post?	

PERSONAL DETAILS

Title:	Forename(s):	Surname:
Date of Birth:	N.I.NUMBER:	Do you need a work permit to work in the United Kingdom? YES/NO
Address for correspondence: _____ _____ _____ Post Code: _____		Telephone No: Day: _____ Evening: _____ Email: _____ Fax: _____

EDUCATION AND TRAINING (Successful candidates will be required to provide proof of qualifications)

School/College/University/Other		Qualification (and awarding body) and levels achieved
FROM	TO	

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

	GRADE	YEAR

EMPLOYMENT DETAILS

Present or most recent employment:

Name and Address of Employer

Post Code _____

Tel No: _____ Fax No: _____

Email: _____

Post Title: _____

Date commenced: _____

Present Basic Salary: _____

Period of Notice Required: _____

Summary of Duties and Responsibilities:

Reason for wishing to leave:

Previous Experience (most recent first)

DATES		EMPLOYER	POST/TITLE/DUTIES	SALARY	REASON FOR LEAVING
FROM	TO				

ADDITIONAL INFORMATION

Please give specific details of your experience including any responsibilities, skills, knowledge or achievements which match the criteria and job requirements. You may make reference to any voluntary, unpaid or community work which you consider to be relevant to your application.

REFERENCES

Please give the name, address, telephone number and status of two people to whom reference can be made; one of whom should be your current or immediate past employer.

<p>Name and Address of Employer</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Post Code _____</p> <p>Title/Occupation _____</p>	<p>Tel No: _____ <input type="checkbox"/></p> <p>Fax No: _____</p> <p>Email _____</p>
<p>Name and Address of Referee (Employer/Personal)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Post Code _____</p> <p>Title/Occupation _____</p>	<p>Tel No: _____ <input type="checkbox"/></p> <p>Fax No: _____</p> <p>Email _____</p> <p>Note: If you are shortlisted for interview, your referee(s) will be contacted unless you place a cross in the small box</p>

HEALTH

Have you suffered any serious injury or illness? If so, please specify:

Please give dates and reasons for absences due to ill health during the last two years (continue on a separate sheet if necessary):

Have you any criminal convictions not regarded as spent under the Rehabilitation of Offenders Act 1974? YES/NO

If yes, please describe the offence:

DECLARATION

I declare that the information given in this application is, to the best of my knowledge, complete and correct; I also understand that any wilful mis-statement renders me liable to disqualification or dismissal if engaged.

Signed: _____ Date: _____

Please Return this form to:

HR Department
Ebuyer (UK) Ltd
Howden
East Yorkshire
DN14 7UW

EQUAL OPPORTUNITIES MONITORING FORM

Ebuyer (UK) Limited wishes to promote equal opportunities in all its employment practices. To do so, information is asked of candidates which will help us to eliminate any practices which may be discriminatory.

This form will be separated upon receipt, from your application form. It will not therefore be available to the interview panel and will not be used to assess your suitability for employment.

The information you provide will be handled in strictest confidence and will only be used for statistical monitoring purposes.

Name: _____
(please print)

Nationality: _____

Ethnic Origin I would describe my ethnic origin as:

<input type="checkbox"/>	White	10
<input type="checkbox"/>	Black Caribbean	21
<input type="checkbox"/>	Black African	22
<input type="checkbox"/>	Black other	29
<input type="checkbox"/>	Indian	31
<input type="checkbox"/>	Pakistani	32
<input type="checkbox"/>	Bangladeshi	33
<input type="checkbox"/>	Chinese	34
<input type="checkbox"/>	Asian	39
<input type="checkbox"/>	Other <i>(please specify)</i>	80 _____

The numbers above are used to code the information

Disability

Do you consider that you are disabled?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Gender

Male

Female