

SARAH DAP LIMITED

Post Applied for:

Post Number:

Job Application Form

Application Date:

Interview Date:

Please complete this form fully using **black ink or type** and **circle** appropriate answers.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N^o:

National Insurance N^o:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Can we contact you at work?

Yes

No

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes

No

Job Share Details

Are you applying on a job share basis?

Yes

No

Driving Licence – if relevant to post applied for.

Do you hold a full, clean driving license valid in the UK?

Yes

No

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving

(if no longer employed):

Did you receive any redundancy payment or retirement benefit? Yes No

Section 3 Previous Employment

Previous Employment (most recent employer first).

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional / Technical / Management Qualifications	Course Details
Membership of any Professional / Technical Associations - Please state level of Membership:	

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Program or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offender's act 1974? Yes No

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a DBS/CRB police check.

Enhanced Checks Only

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes No

If yes, please give details:

Section 10 Health

Your current health is important to us, please indicate below.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 11 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1

Name:

Position:

Work
Relationship:

Organisation:

Address:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone N°:

E-mail:

Reference 2

Name:

Position:

Work
Relationship:

Organisation:

Address:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone N°:

E-mail:

Are you willing for this referee to be approached prior to the interview? **Yes** **No**

Are you willing for this referee to be approached prior to the interview? **Yes** **No**

Section 12 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by Sarahdap Limited purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please **COMPLETE THIS SECTION OF THE APPLICATION FORM.**

What is your Ethnic Group?

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A. White

White UK

Irish

White non-UK

Any other White background
(please give details):

B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background
(please give details):

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background
(please give details):

D. Black or Black British

Black Caribbean

Black African

Any other Black background
(please give details):

E. Chinese or other ethnic group

Chinese

Vietnamese

Any other ethnic background
(please give details):

F. I do not wish to provide this information

Section 12 Recruitment Monitoring Form continued

Gender

Male

Female

Disability

Disability is defined as “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”.

Do you consider yourself disabled? **Yes** **No**

If yes, please give details:

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Present Status

Internal Applicant

External Applicant

Age Group

16-25

26-35

36-45

46-55

56-65

66-70

Over 70

Media

Please state where you saw this post advertised

For Office Use Only:

Start Date:

Section 13 Declaration

Signed:

Date:

(NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from Sarahdap Limited must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed post card.

Sarahdap Limited undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at the interview.

RETURNING THIS FORM



By Hand or Post:

SARAHDAP LIMITED
45 The Beeches
Tilbury
Essex
RM18 8ED

By E-Mail:

sarahdapltd@hotmail.com

Enquiries:

Telephone: 07950940778