



APC HEREFORD

## EMPLOYMENT APPLICATION FORM

***STRICTLY CONFIDENTIAL***

APC Hereford is committed to becoming an Equal Opportunities Employer. All appointments will be made in line with our Equal Opportunities policy.

Please complete in type or black ink.

<b>Position Applied For:</b>			
<b>PERSONAL DETAILS:</b>			
Surname:	Address:		
First Names:	Post Code: Email address:		
Date of Birth:			
Telephone:   Home:  Mobile:			
<b>EDUCATION AND TRAINING</b> (Please include all education and training undertaken)			
School/College/Other	Qualification	Grade	Year
<b>MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS</b>			Year

## EMPLOYMENT HISTORY

Present Employment

Name and Address of Present Employer:

Job Title:

Date Commenced:

Present Salary:

Period of Notice Required:

Duties:

Reason for wishing to leave:

### PREVIOUS EMPLOYMENT: From most recent post

Dates From - To	Employer	Job Title/Duties	Salary	Reason for leaving

**EXPERIENCE AND ACHIEVEMENTS**

Please explain how you would relate your education, training and experience (including that not related to employment) to the requirements of the post for which you are applying.

**DRIVING LICENCE**

Type Of Licence Held :

Endorsements/Convictions :

**LEISURE INTERESTS**

## REFERENCES:

Please give the names, addresses, telephone numbers and status of three referees who are willing and able to give an opinion on your abilities and professional experience. One referee should be your present or past employer.

***References are normally taken up when the applicant is being invited for interview, unless you have specifically requested otherwise in this section.***

1.

Email address:-

2.

Email address:-

3.

Email address:-

If your present employer is not quoted please state reason why.

If an offer is made and accepted we reserve the right to contact your present employer.

## ADDITIONAL INFORMATION:

Where did you learn of this vacancy?

Please give any dates in the near future when you are not available for work including any holidays already booked.

Please supply details of any unspent Criminal convictions as defined under the Rehabilitation of Offenders Act 1974, Including Driving Convictions.

Please record how many days you have lost from work in the past 2 years, as a result of sickness, supplying details if appropriate.

## DATA PROTECTION ACT 1998

The information comprising your application will be stored as hard copy. Some information will also be stored electronically. The information will be used in the selection process, and, if you are appointed, will also be used for the purposes of human resources administration. Such usage will be subject to the provisions of the Data Protection Act 1998.

## DECLARATION

I hereby declare that the information contained in this form is to the best of my knowledge correct. I understand that any wilful mis-statement renders me liable to disqualification or instant dismissal if engaged.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing the form. Please return it to:

**Human Resources  
APC Hereford  
Unit 1H Thorn Business Park, Rotherwas  
Hereford  
HR2 6JT  
Telephone 01432 340100  
or e-mail [info@apc-hereford.co.uk](mailto:info@apc-hereford.co.uk)**

We look forward to hearing from you.

## Equal Opportunities Monitoring Form

Position Applied for: .....

Family Name: ..... Given Names.....

Preferred Title: .....Date of Birth: .....

### Equal Opportunities

The following questions are designed to allow APC Hereford to fulfil its statutory obligations in respect of monitoring its Equal Opportunities and Race Relations Policies, and its statutory obligation to provide data to the government as requested. The information is not used in the selection of candidates.

**Gender:** MALE / FEMALE (Please circle one)

**Nationality** (Country of Birth/Passport) .....

### Do you require a work permit for the UK?

YES / NO (Please circle one)

The Disability Discrimination Act 1995 defines disability as "a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities." **On this basis do you consider yourself disabled?** (Please circle one option below)

YES (Please give detail)  .....  NO .....

### What is your ethnic group?

(Please tick the appropriate group)

- White British
- White Irish
- Other white background
- Please state \_\_\_\_\_
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Other mixed background
- Please state \_\_\_\_\_
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Other Asian background
- Please state \_\_\_\_\_
- Black or Black British - Caribbean
- Black or Black British - African
- Other Black background
- Please state \_\_\_\_\_
- Chinese
- Other ethnic group
- Please state \_\_\_\_\_

### National Identity

(Please tick the appropriate boxes)

We are obliged to report on the National Identity of our staff. This is different to both Nationality and Ethnicity, in that your National Identity is how you view yourself: it could, for instance, be based on culture, language or ancestry/family history.

Please choose either one or two categories from the following list, and mark your main choice 1. If you view yourself as having more than one National Identity, please mark your second choice 2.

- | National Identity   | Choice                   |
|---------------------|--------------------------|
| British             | <input type="checkbox"/> |
| English             | <input type="checkbox"/> |
| Irish               | <input type="checkbox"/> |
| Other               | <input type="checkbox"/> |
| Information Refused | <input type="checkbox"/> |
| Scottish            | <input type="checkbox"/> |
| Unknown             | <input type="checkbox"/> |
| Welsh               | <input type="checkbox"/> |