

Birds (Derby) Limited

Ascot Drive Derby DE24 8GN Telephone: (01332) 361316 Fax: 01332 362877

EMPLOYMENT APPLICATION FORM

If you have a disability which makes it difficult for you to complete this application form, please contact the Personnel Manager on the Head Office telephone number and every assistance will be provided.

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
		Postcode:	
Contact Telephone Number:			
Full Driving Licence?	YES / NO	Endorsements:	*YES / NO
*If YES, please give further details including dates:			

Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?	*YES / NO
*If YES, please give full details:	
Are you subject to any restrictions or covenants which might restrict your working activities?:	*YES / NO
*If YES, please give full details:	
Are you willing to work overtime and weekends if required?	YES / NO
Please give details of any hours which you would not wish to work:	
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?	*YES / NO
*If YES, please give full details:	
Have you ever worked for this Company before?	*YES / NO
*If YES, please give full details:	
Have you applied for employment with this Company before?	YES / NO
Do you need a work permit to take up employment in the UK?	YES / NO
How much notice are you required to give your current employer?	
You may be required, if offered employment, as part of your application, to complete a pre - employment medical questionnaire. Are you prepared to undergo a medical examination prior to employment?	YES / NO

MEDICAL HISTORY

<i>Do you have, or have you ever suffered from (please delete as appropriate):</i>			
Fainting attacks	YES / NO	Bronchitis	YES / NO
Fits or Blackouts	YES / NO	Typhoid / Paratyphoid	YES / NO
Recurring Headaches / Migraines	YES / NO	Asthma	YES / NO
Ear trouble or Deafness	YES / NO	Skin trouble	YES / NO
Eye trouble	YES / NO	Any other infectious illness	YES / NO
Defective vision not corrected by glasses	YES / NO	<i>Have you any disabilities affecting:</i>	
Recurring chest disease	YES / NO	Work at height on ladders / staging	YES / NO
Recurring stomach / bowel trouble	YES / NO	Ability to drive	YES / NO
Heart trouble	YES / NO	Standing	YES / NO
Back trouble	YES / NO	Walking	YES / NO
Other muscle or joint trouble	YES / NO	Stair climbing	YES / NO
Arthritis	YES / NO	Lifting	YES / NO
High blood pressure	YES / NO	Use of hands	YES / NO

Roughly, how many days have you had off work through illness over the past two years?	
Briefly state reasons(s):	

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma / Qualification
Job Related Training Courses (name of organisation)	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list any foreign languages spoken and the level of competence:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and Address of Employer	Dates	Position Held / Main Duties	Reason For Leaving

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PRESENT OR LAST EMPLOYER

Are you currently employed?	YES / NO		
Name of present or last employer:			
Address:			
		Postcode:	
Telephone Number:			
Nature of Business:			
Job title and a brief description of your duties:			
Reason for leaving:			
Length of service:	From:	To:	

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I understand these details will be held in confidence by the Company, for purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:		Date:	
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REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made?	YES / NO
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Name:	
Position:	
Company:	
Address:	

Name:	
Position:	
Company:	
Address:	

Postcode:	
Telephone Number:	

Postcode:	
Telephone Number:	

SOURCE OF APPLICATION

How did you hear of this vacancy?	
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TO BE COMPLETED BY THE DEPARTMENT / SHOP MANAGEMENT BEFORE SENDING TO HEAD OFFICE

PLEASE DO NOT COMPLETE THIS SECTION, THIS IS FOR OUR USE ONLY

NEW STARTER INFORMATION

Surname:							
First Name(s):							
*Date of Birth:							
NI Number:							
Department / Shop:							
Rate of Pay:							
Job Title:							
Full / Part Time:							
Hours of Work:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From:							
To:							

Total Hours:	
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Start Date:	/ /
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***Please note that this information is for payroll purposes only.**

DOCUMENT CHECKS MADE

Secure documents	<input type="checkbox"/>
or	
2 others as per policy document	<input type="checkbox"/>

INTERVIEWERS NOTES

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WORKWEAR REQUIREMENTS

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