

EMPLOYMENT APPLICATION FORM AIRBORNE ENVIRONMENTAL CONSULTANCY LTD

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:
Home Tel. No:	Mobile Tel No:		
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 (include any unspent convictions under the Rehabilitation of Offenders Act 1974)?			YES/NO
If YES, please give full details			
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
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 to your current employer?			

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

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

Name of present or last employer:	
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Address:	

Telephone No:	
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Nature of business:	
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Job title and a brief description of your duties:	

Length of Service:	From:	To:
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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.

DISCLOSURES

Given the nature of the job applied for, in the event that I am offered the position, I understand that any offer of employment is subject to information on my criminal record being disclosed to the Company by the Criminal Records Bureau (CRB).

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 the 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

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

Please complete the enclosed Equal Opportunity Recruitment Monitoring Form and return it along with your application form.

EQUAL OPPORTUNITY RECRUITMENT MONITORING FORM

CONFIDENTIAL (to be returned to the Personnel Dept.)

AEC are committed to promoting equality, diversity and an inclusive and supportive environment for staff.

In particular, AEC will seek to ensure that people are treated equitably regardless of their gender, race, colour, ethnic or national origins, age, disability, socio-economic background, religious or political beliefs and affiliations, marital status, family responsibilities, sexual orientation or other inappropriate distinction.

In order to monitor the impact of this policy it is necessary to collect information from all employees and job applicants on the key characteristics, which relate to equality and diversity in employment.

The information collected will be used for monitoring purposes and to update our confidential recruitment and employee database under the terms of the Data Protection Act 1998. The information will be used to form baseline statistical reports to assess the impact of our policy and promote equality of opportunity.

REQUEST FOR INFORMATION PART 1

Please complete both sides of this form

Position Applied For

Source of application, how did you hear about this post? *(you may tick more than one box)*

Newspaper advertisement	<input type="checkbox"/>	<i>Please specify</i>	<input style="width: 100%;" type="text"/>
Website	<input type="checkbox"/>	<i>Please specify</i>	<input style="width: 100%;" type="text"/>
Internal Advertised Vacancy	<input type="checkbox"/>	<i>Please specify</i>	<input style="width: 100%;" type="text"/>
Job Agency	<input type="checkbox"/>	<i>Please specify</i>	<input style="width: 100%;" type="text"/>
Other	<input type="checkbox"/>	<i>Please specify</i>	<input style="width: 100%;" type="text"/>

DATE OF BIRTH

GENDER

I am Female

I am Male

REQUEST FOR INFORMATION PART 2

DISABILITY

I do have a disability

I do not have a disability

You should declare a disability, if you perceive yourself as being at a disadvantage in obtaining, keeping or advancing your employment due to a physical, sensory, mental, dietary, communicative, psychiatric, allergic or any other impairment.

HEALTH

Do you have any medical condition, which could significantly affect your performance of the duties of the post for which you are applying? (please tick)

Yes

No

If you answered Yes, please give brief details

Please indicate number of days absent from work due to illness in the last 2 years

days

Reason for illness

NATIONALITY *Please specify*

Under the Immigration Act 1971 we need to establish your nationality to help us determine whether a work permit would be required. To the best of your knowledge would you require a work permit?

Yes

No

ETHNICITY

You are asked to classify yourself in the category, which you feel most nearly describes your origin. If none of the specific groups are suitable please mark the relevant Other and specify your ethnicity

I would categorise my ethnic origin as:

A. White

British

Irish

Other White background

B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Other Mixed background

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian background

D. Black OR Black British

Caribbean

African

Other Black background

E. Chinese or Other Ethnic Group

Chinese

Other background

Other Ethnic Background please specify

Thank you for completing this form. Please return it with your application form