|  |  |
| --- | --- |
|  | Depot Road, Newmarket, Suffolk, CB8 0AL Tel:01638 663336 Wrexham Road, Laindon, Basildon, Essex, SS15 6PX Tel:01268 542121 Winship Road, Milton, Cambridge, CB24 6BQ Tel:01223 424676 / 01223 423942The Fairway, Bush Fair, Harlow, Essex, CM18 6LY Tel:01279 430444130 Sandy Hill Lane, Ipswich, Suffolk IP3 0HY Tel: 01473 281967Garage Lane, Setchey, Kings Lynn, Norfolk, PE33 0BE Tel:01553 810521 |

**APPLICATION FOR EMPLOYMENT**

# Confidential Record

**All applicants who meet the requirements advertised will be given fair and equal consideration, regardless of race, sex, colour , creed, nationality, ethnic origin, marital status, sexual orientation, religion, age or disability.**

This form must be completed fully and honestly. If not applicable please write “Not Applicable” in the space provided

|  |  |
| --- | --- |
| APPLICATION DETAILS |  |
| POSITION APPLIED FOR | Click here to enter text. |
| DATE OF APPLICATION | Click here to enter a date. |
| WHERE DID YOU SEE THE POSITION ADVERTISED? | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| PERSONAL DETAILS |  |  |
| FORENAME | Click here to enter text. | DATE OF BIRTH | Click here to enter a date. |
| SURNAME | Click here to enter text. | NATIONALITY | Click here to enter text. |
| HOME ADDRESS Click here to enter text. | CURRENT ADDRESS(IF DIFFERENT)Click here to enter text. |
| TELEPHONE NUMBER Click here to enter text. | MOBILE NUMBER Click here to enter text. |
| E-MAIL ADDRESS Click here to enter text. |

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| If you are not an EC citizen does any endorsement on your passport restrict your time or employment in the UK? Yes [ ]  No [ ]  If yes please give details: Click here to enter text. |

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| The following information will be used only to monitor our Equal Opportunities Policy |
| Ethnic Origin: | \*If other please give details: Click here to enter text. |
| Bangladeshi | Black African | Black Caribbean | Black Other\* | Chinese | Indian | Pakistan | White | Other\* |
|[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Application Form

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| Do you have a disability? Yes [ ]  No [ ] Is there any special equipment or facilities the Company could provide which would assist you in carrying out the job? (Please give details)Click here to enter text.Have you any pre-existing health conditions / illnesses that you would like to make us aware of? Yes [ ]  No [ ] (Please give details) Click here to enter text. |

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| EDUCATION & QUALIFICATIONS starting with most recent |
| FROM – TO(Month Year) | INSTITUTION(Name & Address) | TITLE OF AWARD(E.G. Degree, PhD, etc.) | RESULTS(Achieved, Expected) |
| Click here to enter a date. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Do you have any convictions that are not spent under the Rehabilitation of Offenders Act 1974? |
| Yes [ ]  No [ ]  If yes please provide details: Click here to enter text. |

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| Health – Any offer of employment will be conditional on confirmation of your medical suitability for employment. Are you in good health? |
| Yes [ ]  No [ ]  If no please provide details: Click here to enter text.Number of days sickness absence in last two years: Click here to enter text. |

Application Form

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| EMPLOYMENT EXPERIENCE |
| Company: Click here to enter text. | Present / final salary: Click here to enter text. |
| Address:Click here to enter text. | Other forms of remuneration / benefits:Click here to enter text. |
| Nature of business: Click here to enter text. | Notice period: Click here to enter text. |
| Employment dates: Click here to enter text. | Most recent position held & nature of duties:Click here to enter text. |
| Reasons for leavingClick here to enter text. |
| Previous positions (with dates)Click here to enter text. |
| Reference: Name and position (this will not be taken up without your express permission)Click here to enter text. |
|  |
| Company: Click here to enter text. | Reasons for leaving:Click here to enter text. |
| Address:Click here to enter text. |
| Nature of business: Click here to enter text. |
| Employment dates: Click here to enter text. |
| Reference: Name and position (this will not be taken up without your express permission)Click here to enter text. |
|  |
| Company: Click here to enter text. | Reasons for leaving:Click here to enter text. |
| Address:Click here to enter text. |
| Nature of business: Click here to enter text. |
| Employment dates: Click here to enter text. |
| Reference: Name and position (this will not be taken up without your express permission)Click here to enter text. |

Application Form

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| --- |
| Why do you think you are suited to this vacancy? |
|  Click here to enter text  |
| Do you hold a full UK driving licence? YES [ ]  NO [ ]  |
| What classes of vehicle do you hold a full licence for? (e.g. A, C, C+E) Click here to enter text  |
| Do you hold a current Driver CPC qualification card? YES [ ]  NO [ ]   |
| Please state below any current or pending endorsements on licence. Click here to enter text  |

|  |
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| When would you be available to start? Click here to enter text  |

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| DECLARATION |
| I authorise the Company to obtain references to support this application once an offer has been made and accepted. To the best of my knowledge all the information I have given is true. I understand that any false statement may disqualify me from employment or render me liable to dismissal. I give my consent to my personal information being processed in relation to my application for employment. Data Protection Act – the information given to us in this form will only be used in relation to your application for employment. By signing this declaration you are giving us your express consent to retain and process this information under the Data Protection Act 1998. |
| Signature Click here to enter text (deemed signed) Date Click here to enter a date   |

PLEASE EMAIL COMPLETED FORM TO:

[ ]  basildon@nphgroup.co.uk

[ ]  cambridge@nphgroup.co.uk

[ ]  harlow@nphgroup.co.uk

[ ]  ipswich@nphgroup.co.uk

[ ]  kingslynn@nphgroup.co.uk

[ ]  newmarket@nphgroup.co.uk

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| --- |
| FOR OFFICE USE ONLY |
| APPLICATION FORM EVALUATED BY: Click here to enter text DATE: Click here to enter a date COMMENTS: Click here to enter text  |