

Application for Employment

Thank you for applying for a position with ELB Partners Limited. To help us in our selection procedures we require certain information from you to help us decide whether we can proceed with your application and to provide basic information for our records should your application be successful.

Please complete all sections of the form as accurately as you can in **BLOCK CAPITALS** and in **BLACK** or **BLUE** ink.

- Please make sure you read the Conditions of Application below carefully before signing below.
- Please return the completed form in the reply paid envelope as soon as possible.

All information given will be treated in strictest confidence.

SECTION 1 : Conditions of Application & Signature

When you sign this form you accept that any employment offered will be conditional upon:

- Receipt of two written references, which are satisfactory to the Company
- Evidence of your right to live and work in this country (pursuant to Asylum and Immigration Act 1996).
- Completion of medical questionnaire that is satisfactory to the Company
- Documentary proof of any details supplied by you, as requested by the Company.
- Any other condition, which the Company may require, depending on the nature of the vacancy.

Note: The Company may require you to undergo a medical examination before offering you employment.

Completion of this form does not constitute any agreement or contract with ELB Partners Limited.

Please note that any inaccurate statement made on this form or during the selection process may be considered grounds for non-engagement or summary dismissal.

DATA PROTECTION ACT

Information provided by you in this application or other relevant information supplied during the selection process (and any employment which may follow) will be held by ELB Partners Limited and processed for any lawful purpose relating to employee/personnel administration and management. This may include information regarded as sensitive under data protection legislation (for example information about your health or any criminal record you may have). By signing below you consent to ELB Partners Limited holding and processing such data.

SIGNED:

DATE:

SECTION 2 : Personal Information

General	
Surname:	First Name(s):
Title:	Preferred Name:
Previous Surname(s) (if any):	Letters after name (if any):
Date of Birth:	Nationality:
Current Address:	
Post Code:	
Telephone Nos. (including area code):	Daytime:
	Evening:
	Mobile:
	Email address:
Previous Address (if less than 2 years at current one):	
Post Code:	
Work Permit	
Work Permit Required?	NO <input type="checkbox"/>
	YES <input type="checkbox"/> If YES, please state:- Permit No.: _____
	Expiry date (if any):
Disabilities	
Do you have a disability as defined by the Disability Discrimination Act 1995?	
YES	<input type="checkbox"/> NO <input type="checkbox"/>
If YES, please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs and thus meet our obligations under the Disability Discrimination Act 1995.	

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SECTION 2 : Personal Information continued

Rehabilitation of Offenders Act 1974	
<p>Have you ever been convicted of a criminal offence? NO <input type="checkbox"/> YES <input type="checkbox"/> <i>Please note: only those convictions which are not spent under the Act should be disclosed.</i></p> <p>If YES and it is not a spent conviction, please give details:</p>	
Previous Application	
<p>Have you applied for work at ELB Partners Limited previously? NO <input type="checkbox"/> YES <input type="checkbox"/> If YES, please give details:</p>	
Other work	
<p>If offered this position, will you continue to work in any other capacity? NO <input type="checkbox"/> YES <input type="checkbox"/> If YES, give details below:</p>	
Driving	
<p>Do you hold a valid UK Driving Licence? NO <input type="checkbox"/> YES <input type="checkbox"/> If YES, please provide licence number: _____</p>	
<p>Does your licence have any penalty points? NO <input type="checkbox"/> YES <input type="checkbox"/> If YES, provide details & dates:</p>	

SECTION 3 : Employment History

Current/Last Employer	
Job Title:	Company Name:
Main Duties and Responsibilities:	
Main Achievements:	
Nature of business:	Reason for leaving:
Basic Salary: £ _____	per annum/week/hour. Other benefits:
Dates Employed: From:	To:
Full Company Address:	
Post Code:	

SECTION 3 : Employment History continued

Previous Employment	
Position held & main duties:	
Company name & full address:	
Postcode:	
Reason for change/leaving:	
Dates employed: From:	To:
<hr/>	
Position held & main duties:	
Company name & full address:	
Postcode:	
Reason for change/leaving:	
Dates employed: From:	To:
<hr/>	
Position held & main duties:	
Company name & full address:	
Post Code:	
Reason for change/leaving:	
Dates employed: From:	To:

SECTION 4 : Education & Qualifications

Please provide details of educational qualifications you have gained. Include any exam you are about to take or for which you are awaiting results.

Name of establishment	Qualifications achieved, subjects & grades	Date(s) obtained (month & year)

SECTION 5 : Additional Information

Please provide any additional information that you believe will help your application paying particular attention to the skills, knowledge, experience and competencies required for the position. You may use a separate sheet of paper if necessary.
Guidelines are attached to help you complete this section.

SECTION 6 : References

It is our policy to apply for references from previous employers that cover at least the last three consecutive years of employment and we will contact the individuals you have nominated below. Please note, however, that your present employer will not be contacted without your permission. Where, however, your employment record does not cover at least three years, you may give details of two personal referees (who are not relatives) to whom we can apply. If you have previously been a student, please give details of a referee from your school/college/university.

Reference 1

Name:

Title:

Relationship to your position:

Company:

Full Address:

Post Code:

Years known:

Reference 2

Name:

Title:

Relationship to your position:

Company:

Full Address:

Post Code:

Years known :

GENDER

Male	
Female	

STATUS

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Other (<i>please specify</i>):							
Do you have any dependants?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
If YES, how many?							
Relationship to you?							

DISABILITY

Disability is defined as a “**physical or mental impairment, which has a substantial and long term (at least 12 months) effect on a person’s ability to carry out normal day to day activities**”.

Please circle the code from the following statements which applies to you:

I do not consider myself to have a disability	00
I consider myself to have a disability	01
Do you consider that any special adjustments are required to allow you to do the job for which you have applied?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If you consider that any special adjustment is required, please discuss this with the person dealing with your application.</i>	