



POSITION APPLYING FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL DETAILS

Surname: _____ First Name(s): _____

Address: _____

Postcode: _____

Daytime Tel No: _____ Mobile Tel No: _____

Email Address: _____

Please indicate the type of contract you are applying for:
FT PT Weekends

Please list the times you are available for work

	M	T	W	T	F	S	S
AM							
PM							

How many hours would you be prepared to work per week? Min _____ Max _____

Are there any adjustments required should you be invited to an interview? Yes No

If so please specify. _____

Have you ever worked for John Macintyre & Son before? Yes No

If so please specify. _____

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? _____

On how many occasions have you been absent from work due to illness in the past 12 months?

WORK EXPERIENCE

Please list your work experience beginning with your current/most recent employment and work backwards. (Please attach separate sheet if necessary)

Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Employer:	Your Job Title:
Type of business:	Time in employment: years months
Reason for leaving:	
Main duties and responsibilities:	
Salary:	Benefits:

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EDUCATION/TRAINING

Please include name of institutions or professional bodies in full and include subject areas and attainment levels.

Institution/Body	Qualifications/Grades

PROFESSIONAL DEVELOPMENT

Please list any courses, membership, voluntary work or responsibilities you consider relevant in support of your application.

ADDITIONAL INFORMATION

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

Do you have any commitments which may require your absence from the business, for example, if you are a member of the Territorial Army, carrying out part-time study, pre-booked holidays, etc? If so, please specify:

APPLICATION QUESTIONNAIRE

Please answer the following questions so we may learn more about your candidacy for the position.

1. What do you know about our company?
2. What would your colleagues say are your 3 greatest strengths?
3. What's been your proudest moment in your career to date?
4. If you could change three aspects about your current workplace what would they be?
5. What are the three most important things you're looking for in your next role?

REFERENCES

Please give the names and full addresses of two previous employers. We will only accept personal references when you do not have sufficient employment history. Referees may not be related to you.

May we approach your current employer before an offer of employment is made? Yes

No

Name of reference:	Title:
Company Name:	
Address:	
Postcode:	
Tel No:	
Your occupation:	Time in employment: years months

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Have you been convicted of a criminal offence that is not regarded as spent under the Rehabilitation of Offenders Acts? YES/NO
If YES, please give full details

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.

Signature: _____ Date: _____

SOURCE OF APPLICATION

How did you hear of this vacancy?

We appreciate your help in completing the voluntary Equal Opportunities Monitoring form which follows. It will be held separately from your application by the Human Resources department.

EQUAL OPPORTUNITIES RECRUITMENT MONITOR

This section of the application will be detached from your application and will be used solely for monitoring purposes. Please note the completion of this form is optional.

John Macintyre & Son recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

Please circle or tick as appropriate:

A) White:

British

Irish

Any other white background*

B) Mixed:

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background*

C) Asian or Asian British:

Indian

Pakistani

Bangladeshi

Any other Asian background*

D) Chinese or Other Ethnic Group

Chinese

Other Ethnic Group*

*Please specify

Gender: Please specify

Date of Birth:

Or Age category:

16-24 25-34 35-44 45-54 55-64 65+

Do you consider yourself to have a disability? Yes No

If yes, please state nature of disability:

If you wish, you may disclose information about yourself in this section about your:

Religion:

Sexual Orientation: