

Section 3 – Health

Are you in good general health? If No please state medical condition.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you visited your doctors in the last 2 years? If Yes please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you receiving any medical treatment? If yes, please state what?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any form of disability? If Yes please give details of how we can help you overcome these limitations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list any absence from work in the past 12 months and state the reasons for them.		

Section 4 – General Information

Do you hold a current Driving Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, do you have any Endorsements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details		
Please note any criminal convictions except those 'spent' under the Rehabilitation Of Offenders Act. If you have none please state 'None'.		
Are you a UK or European Union National?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are not please attach the relevant documentation stating your eligibility for employment in the U.K.		

Section 5 – Hobbies and Interests

Please give details of hobbies and interests:

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Section 6 – Education

School/College/University	Date	Qualifications (Subjects and Results)

Please state any skills you have, or courses you have attended relevant to the position you have applied for:

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Do you speak or read a foreign language? *(Please give details):*

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Section 7 – Work History Voluntary, Unpaid, etc (Starting with most recent)

Name & Address of Employer:	Name & Address of Employer:
Telephone:	Telephone:
Starting/Leaving Dates:	Starting/Leaving Dates:
Rate of Pay:	Rate of Pay:
Job Title:	Job Title:
Title of Supervisor/Manager:	Title of Supervisor/Manager:
Details of Duties/Responsibilities:	Details of Duties/Responsibilities:
Reason for Leaving	Reason for Leaving
Name & Address of Employer:	Name & Address of Employer:
Telephone:	Telephone:
Starting/Leaving Dates:	Starting/Leaving Dates:
Rate of Pay:	Rate of Pay:
Job Title:	Job Title:
Title of Supervisor/Manager:	Title of Supervisor/Manager:
Details of Duties/Responsibilities:	Details of Duties/Responsibilities:
Reason for Leaving	Reason for Leaving

If required, you may add additional information using A4 white paper and black ink.

Please state any reason for any gap in Employment

Have you ever worked for this Company before?

Yes No

If yes, please give details including dates

Section 8 – References

Please give the details of two people to whom we may contact for references (one of which should be your last or current employer. If you do not want us to contact them, unless we offer you the position please tick the box.

Name:	Name:
Position:	Position:
Name of Company:	Name of Company:
Address:	Address:
Telephone Number:	Telephone Number:
Length of Time Known:	Length of Time Known:

Declaration

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer's service if I am employed.

I give the employer the right to investigate all of the references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

Applicant's Signature Date /
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Equality and diversity monitoring form

Newbery recycling Ltd wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation's Human Resources section.

Please return the completed form in the envelope provided

Gender Male Female Prefer not to say

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Northern Irish Irish

British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian Prefer not to say Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual Gay woman/lesbian Gay man Bisexual

Prefer not to say If other, please write in:

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish

Muslim Sikh Prefer not to say If other religion or belief, please write in:

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours

Annualised hours Job-share Flexible shifts Compressed hours

Homeworking Prefer not to say If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply

None Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over) Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say