

JOB APPLICATION FORM



Please complete this accurately, giving as many details as possible of your skills and experience relating to this job application.

POSITION APPLIED FOR

Job Title:

Reference Number:

Where did you see this post advertised?

APPLICANTS DETAILS

Title:

Surname:

First Name:

Address:

Postcode:

Telephone Numbers:

Home:

Work:

Mobile:

Email Address:

Do you hold a current driving licence?

YES

NO

Do you have any medical or other condition that could limit your ability to perform the position for which you are applying?

YES

NO

If Yes please give more information here

EMPLOYMENT RECORD

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post.

1. Current/most recent employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief Description of duties:

Reason for leaving/changing:

2. Employer/organisation		
Name:		
Address:		
Job Title:	From:	To:
Brief Description of duties:		
Reason for leaving/changing:		

3. Employer/organisation		
Name:		
Address:		
Job Title:	From:	To:
Brief Description of duties:		
Reason for leaving/changing:		

EDUCATION

Please tell us about your education and any qualifications which you feel are relevant to the post. Include relevant courses which you are currently undertaking. Please start with the most recent.

<i>Name of school/college/university/training body</i>	<i>Subject Studied</i>	<i>Qualification/Level</i>	<i>Date Gained</i>

TRAINING

Please list any training you have received or courses which did not lead to a qualification but which you feel are relevant to the advertised post.

<i>Training Course</i>	<i>Date</i>

EXPERIENCE/SKILLS

This section is for you to give specific information in support of your application. After reading the Job Description and Person Specification carefully, consider to what extent you have gained the skills and experience necessary for the post. Please continue on a separate sheet of paper if necessary.

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REFERENCES

Please give details of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate.

Reference 1

Name:

Position:

Organisation:

Address:

Telephone No:

Reference 2

Name:

Position:

Organisation:

Address:

Telephone No:

DECLARATION AND SIGNATURE

The information supplied in this application form is accurate to the best of my knowledge.

Signed Date

Thank you for completing this Application Form.

Please return the completed Application Form and Monitoring Form to:

**Human Resources Department
JP Group Limited
JP House
Green Lane Business Park
Green Lane
Tewkesbury
Glos
GL20 8SJ**

RECRUITMENT MONITORING FORM



JP Group is committed to Equal Opportunities in employment. In order to ensure the effectiveness of this policy, all applicants are asked to provide the following information.

Any information will be treated in the strictest confidence and will only be used for the purpose of monitoring.

Name Date

Post Title Applied For

Gender: M F

Age Group: 16-20 21-30 31-40 41-50 Over 50

Ethnic Origin:

- | | | | | | |
|------------------------------------|--------------------------|----------------------------------|--------------------------|----------------------------|--------------------------|
| White British | <input type="checkbox"/> | Black or Black British African | <input type="checkbox"/> | Any Other Asian Background | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Black or Black British Carribean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| White and Black Carribean | <input type="checkbox"/> | Any Other Black Background | <input type="checkbox"/> | Any Other Mixed Background | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> | Asian or Asian British Pakistan | <input type="checkbox"/> | Any Other Ethnic Group | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> | Asian or Asian British Indian | <input type="checkbox"/> | Any Other White Background | <input type="checkbox"/> |
| Asian or Asian British Bangladeshi | <input type="checkbox"/> | | | | |

Do you have a disability? (please tick the appropriate box) YES NO

Please tick the description(s) that best describes your impairment:

- | | | | |
|---------------------------|--------------------------|-------------------------|--------------------------|
| Dyslexia | <input type="checkbox"/> | Hearing Impediment/Deaf | <input type="checkbox"/> |
| Mental Health Condition | <input type="checkbox"/> | Other Disability | <input type="checkbox"/> |
| Other Mobility Difficulty | <input type="checkbox"/> | Sight Impediment/Blind | <input type="checkbox"/> |

Thank you for completing this form – please return it to the Human Resources Department with your application form.