



APPLICATION FOR EMPLOYMENT

Instructions: Please complete Part 1 and 2 clearly, in black ink. Please use additional sheets of paper if required and attach to this form.

Part 1

Application for the post of: Location:	
Surname.....First Names.....Title.....	
Address Postcode	Can you be contacted by telephone? Yes / No If yes: Tel. No. 1 Tel. No. 2 Email address:
Where did you learn of this post? <small>(If from a current employee, they must follow the notification requirements relating to the 'Employee Referral Scheme' and refer your application personally to the HR Department to obtain any current cash award)</small>	
Do hold a full driving licence? Yes / No If yes, how long? Do you have your own transport? Yes / No	
Details of any endorsements or motoring convictions:	

Please provide details of your basic education:

Dates from	to	School, College, University	Examinations passed (dates, subjects and grades)

Please give details of any training, qualifications and membership of professional associations :

Dates from	to	Firm, College, Institute etc.	Type of training (e.g. apprenticeship, course of study)	Qualifications gained (subjects and grades)

Please indicate below any previous and present employment, starting with your most recent employment (if necessary continue on a separate sheet) :

Dates from	to	Employers' name, address & nature of business	Job Title	Brief description of duties	Reason for leaving

If you are currently working, please state your present salary and grade :

If you are currently working, please state the length of notice required by your employer :

WORK EXPERIENCE :
Please give details of your present/past work experience and its relevance to your application for this post (continue on a separate sheet if necessary) :

OTHER EXPERIENCE
Please use this space to include any other information about your non-employment experience and interests (continue on a separate sheet if necessary) :

HEALTH

1. If you have been absent from work, school, college or university because of illness for more than 5 working days in the last two years, please briefly describe the reason(s) :
2. I normally enjoy good health and I am not aware of having any health problems relevant to the post for which I am applying. I am prepared to undergo a medical examination if necessary.

Signed

(If you are not able to confirm this, please explain why in a separate note)

REHABILITATION OF OFFENDERS ACT

If you have no convictions, simply enter "NIL". If, however you have been convicted of a criminal offence, the details must be listed. Spent convictions should not be included and you should simply enter "NIL".

Date of conviction	Offence	Sentence (including suspended sentence)

PERSONAL INTERESTS

Do you have any financial, business or other personal interests which may conflict with carrying out the duties of this post ?

Yes

No

ADDITIONAL INFORMATION

Please give details of any forthcoming or existing holiday arrangements:

What level of salary/ hourly wage would you expect?

Are you able to work overtime (and weekends) when necessary?

Do you have any commitments which may limit your working hours? (e.g. military reserve, voluntary work etc.) If so please give details

REFERENCES

Please give the name and occupation, address and telephone number of two people who have agreed to supply references. They should not be related to you and should include your present or most recent employer (or if you are a student, your school or college).

Present/most recent employer (or school/college)

Second referee

Name

Name

Occupation

Occupation (if appropriate)

Address

Address

.....

.....

.....

.....

Tel. No.

Tel. No.

May this referee be approached prior to interview ? YES / NO

May this referee be approached prior to interview ? YES / NO

If you are known to either referee under a different name, please specify :

I declare that to the best of my knowledge the information given on this form is true and correct and can be treated as part of my subsequent contract of employment.

Signature

Date

Please ensure that you complete this form and return with Part 2, "Equal Opportunities" to:

Lorna Garrick, Human Resources Administrator, NYTimber, Bridge Road, Brompton on Swale, Richmond, North Yorkshire, DL10 7HS.

Part 2

ALL APPLICANTS SHOULD COMPLETE THIS FORM

Private and Confidential



EQUAL OPPORTUNITIES

NYTimber is committed to a policy of equal opportunity. The aim of the policy is to ensure that no job applicant or employee should receive less favourable treatment on grounds of age, race, nationality, ethnic origins, creed, disability, sexual orientation, gender, marital, or parental status, political belief or social or economic class, or any other criteria which cannot be shown to be justifiable. In order to monitor the effectiveness of this policy, all applicants for employment are asked to complete this form. This form is retained at Head Office. The information on this form will not be used for short-listing or making appointments.

Post applied for:	Ref. No. :							
Location:	Department :							
Surname Miss / Mrs / Ms / Mr / Other (please state)	Forename(s) :							
Sex: Female / Male	Date of Birth:	Age :						
DISABLED								
(a) Are you disabled?	Yes / No							
If yes, state nature of disability:								
(b) Are you a registered disabled person?	Yes / No							
If yes, please state your registration number								
ETHNIC ORIGIN								
Which one of the following groups do you feel most adequately describes your ethnic origin?								
Asian Other	Bangladeshi African	Black Caribbean Other	Black Other	Chinese	Indian	Other Group	Pakistani	White
Other (please specify)								
Signature			Date					