

Application for Employment



STREATLEY-ON-THAMES BERKSHIRE RG8 9HR
TEL 01491 878800 FAX 01491 872554

E-MAIL ADDRESS: personnel@nikegroup.co.uk www.swanatstreatley.com

IF YOU WISH
YOU MAY
ATTACH A
RECENT PHOTO

THE INFORMATION WHICH YOU GIVE ON THIS FORM WILL BE TREATED AS **STRICTLY CONFIDENTIAL** AND ALL OR PART OF IT MAY BE CONTAINED IN A COMPUTERISED SYSTEM IN WHICH CASE THE REQUIREMENTS OF THE DATA PROTECTION ACT WILL BE COMPLIED WITH FULLY.

THE COMPANY POSITIVELY WELCOMES APPLICATIONS FROM ETHNIC MINORITIES AND DISABLED PERSONS.

GENERAL INFORMATION

POSITION REQUIRED:

PREFERENCE FOR: FULL TIME PART TIME
CASUAL

HOW DID YOU HEAR OF THIS VACANCY:

DATE AVAILABLE: SALARY EXPECTED:

PERSONAL DETAILS

SURNAME:

Mr / Mrs / Miss / Ms

PART TIME APPLICANTS ONLY

HOW MANY HOURS A WEEK WOULD YOU LIKE TO WORK?

FIRST NAMES:

PLEASE INDICATE WHEN YOU WOULD BE WILLING TO WORK

PREVIOUS NAME:

ADDRESS:

	SUN	MON	TUES	WED	THUR	FRI	SAT
Day							
Evening							

NATIONAL INSURANCE NO:

MARITAL STATUS: SINGLE MARRIED DIVORCED
WIDOWED SEPARATED

NO. OF CHILDREN AND AGES:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE WHICH IS NOT SPENT?: YES NO IF 'YES' THEN GIVE DETAILS UNDER THE REHABILITATION OF OFFENDERS ACT 1974

HOBBIES AND INTERESTS:

ARE YOU A MEMBER OF ANY PROFESSIONAL ORGANISATION, OR UNDERTAKE ANY PUBLIC DUTIES?

DO YOU HAVE A CURRENT DRIVING LICENCE?: YES NO

DO YOU OWN A CAR?: YES NO

EDUCATION

FROM To

QUALIFICATIONS AND RESULTS

SECONDARY SCHOOLS

UNIVERSITY/COLLEGE

EMPLOYMENT

PLACE LAST EMPLOYMENT FIRST, AND INCLUDE TRAINING, MILITARY SERVICE AND TIMES OF UNEMPLOYMENT

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	JOB TITLE	SALARY	REASON FOR LEAVING
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MAIN RESPONSIBILITIES:

TELEPHONE No.

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	JOB TITLE	SALARY	REASON FOR LEAVING
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MAIN RESPONSIBILITIES:

TELEPHONE No.

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	JOB TITLE	SALARY	REASON FOR LEAVING
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MAIN RESPONSIBILITIES:

TELEPHONE No.

OTHER INFORMATION

IF THERE IS ANY OTHER QUALIFICATION YOU'VE GAINED OR COURSES YOU'VE ATTENDED THAT YOU THINK WE SHOULD KNOW ABOUT PLEASE GIVE DETAILS, FOR EXAMPLE SPEEDS OF SHORTHAND AND TYPING AND COMPUTER SKILLS ETC.

WHAT MACHINES ARE YOU QUALIFIED TO OPERATE?:

WHAT LANGUAGES DO YOU SPEAK AND WITH WHAT FLUENCY?:

ARE YOU A MEMBER OF ANY PROFESSIONAL ORGANISATION, OR UNDERTAKE ANY PUBLIC DUTIES?

HEALTH DETAILS

IT IS THE COMPANIES POLICY, TO RESERVE THE RIGHT TO ASK ANY APPLICANT TO UNDERGO A MEDICAL, SHOULD IT SO CHOOSE.

NAME AND ADDRESS OF YOUR DOCTOR:

HAVE YOU WITHIN THE PAST THREE YEARS, HAD ANY ILLNESS OR ACCIDENT WHICH CAUSED YOU TO BE OFF WORK FOR TWO WEEKS OR MORE?: YES No

IF YES, WHAT WAS THE ILLNESS OR ACCIDENT?:

HAVE YOU WITHIN THE PAST THREE YEARS, ATTENDED AN OUT-PATIENTS CLINIC OR HAD A COURSE OF TREATMENT (TABLETS, INJECTIONS OR PHYSIOTHERAPY) LASTING ONE MONTH OR MORE?: YES No

ARE YOU NOW RECEIVING SUCH TREATMENT?: YES No

DO YOU SMOKE?: YES No

HAVE YOU ANY PERMANENT DISABILITY?: YES No

ARE YOU A REGISTERED DISABLED PERSON?: YES No

IF 'YES',

ARE YOU SUFFERING FROM OR HAVE YOU EVER SUFFERED FROM,

FITS, EPILEPSY OR BLACK-OUTS?: YES No

DIABETES?: YES No

DEPRESSIVE ILLNESS OR NERVOUS TROUBLE?: YES No

SUCH DISEASES AS TYPHOID, CHOLERA, HEPATITIS, RECURRING DIARRHOEA?: YES No

SKIN DISEASE OR DERMATITIS?: YES No

ALLERGY (TO ANY DRUGS OR TO HANDLING ANY SUBSTANCE)?: YES No

EARACHE OR EAR INFECTION?: YES No

HAVE YOU EVER BEEN REFUSED EMPLOYMENT OR DISMISSED ON MEDICAL GROUNDS?: YES No

IF 'YES' GIVE DETAILS:

THE ANSWERS SUPPLIED TO THE ABOVE QUESTIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE. FURTHERMORE, I UNDERTAKE TO REPORT IMMEDIATELY TO MY MANAGER IF I OR A MEMBER OF MY HOUSEHOLD SHOULD BE SUFFERING FROM VOMITING, DIARRHOEA, SKIN RASH, SEPTIC SKIN LESIONS OR DISCHARGES FROM EAR, EYE, NOSE OR ANY OTHER SITE.

1. AFTER RETURNING TO, BUT BEFORE RE-STARTING WORK, AFTER ANY OF THE ABOVE ILLNESSES, AND

2. AFTER RETURNING FROM A HOLIDAY ABROAD, HAVING SUFFERED FROM VOMITING AND DIARRHOEA FOR MORE THAN TWO DAYS.

EMERGENCY INFORMATION

IN CASE OF EMERGENCY WHOM DO WE CONTACT?:

RELATIONSHIP:

ADDRESS:

TELEPHONE NO; HOME:

WORK:

REFERENCES

DELETE INFORMATION WHICH IS NOT APPLICABLE (NO INFORMATION WILL BE SOUGHT FROM YOUR PRESENT EMPLOYER WITHOUT YOUR CONSENT)

NAME:

ADDRESS:

TELEPHONE:

TYPE OF REFERENCE - SCHOOL/COLLEGE/EMPLOYER/CHARACTER

NAME:

ADDRESS:

TELEPHONE:

TYPE OF REFERENCE - SCHOOL/COLLEGE/EMPLOYER/CHARACTER

NAME:

ADDRESS:

TELEPHONE:

TYPE OF REFERENCE - SCHOOL/COLLEGE/EMPLOYER/CHARACTER

GENERAL

HAVE YOU PREVIOUSLY WORKED FOR ANY OF THE COMPANIES WITHIN THE NIKE GROUP?: YES No

IF 'YES' PLEASE GIVE DETAILS

HAVE YOU APPLIED FOR A POSITION WITHIN THE NIKE GROUP BEFORE?: YES No

IF SO, WHAT POSITION?

HAVE YOU RELATIVES WORKING FOR THE NIKE GROUP?: YES No

NAME(S) RELATIONSHIP

FOR NON-BRITISH AND NON-EU NATIONALS

DATE OF ENTRY INTO U.K.?: DATE OF EXPIRY?:

DO YOU HAVE A WORK PERMIT?: YES No

PLEASE GIVE TYPE OF WORK PERMIT:

ETHNIC ORIGIN

TO ASSIST US IN MONITORING OUR EQUAL OPPORTUNITIES POLICY WE WOULD ASK YOU TO TICK THE APPROPRIATE BOX BELOW:

WHITE EUROPEAN WHITE OTHER BLACK CARIBBEAN BLACK AFRICAN BLACK OTHER INDIAN
PAKISTANI BANGLADESHI CHINESE OTHER NOT KNOWN

DECLARATION

I AUTHORISE THE COMPANY TO OBTAIN REFERENCES TO SUPPORT THIS APPLICATION ONCE AN OFFER HAS BEEN MADE AND ACCEPTED AND RELEASE THE COMPANY AND REFEREES FROM ANY LIABILITY CAUSED BY GIVING AND RECEIVING INFORMATION. I CONFIRM THAT I AM NOT SUBJECT TO IMMIGRATION CONTROL AND AM NOT EXCLUDED FROM WORKING IN THE UNITED KINGDOM. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL THE PARTICULARS I HAVE GIVEN ARE TRUE. I UNDERSTAND THAT ANY FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT OR RENDER ME LIABLE TO DISMISSAL.

I ALSO UNDERSTAND THAT NO OFFER OF EMPLOYMENT MADE TO ME WILL BE BINDING UNLESS CONFIRMED IN WRITING.

SIGNATURE

DATE