



# Northern Express Glass Limited

## Application for Employment

Northern Express Glass Limited is an Equal Opportunity Employer, which makes employment decisions regarding prospective qualified employees without regard to race, colour, sex, religion, national origin, age, disability, marital status or sex change status or any other factor protected by law.

### PLEASE PRINT AND ANSWER ALL QUESTIONS

Position applied for: \_\_\_\_\_ DATE: \_\_\_\_\_

Where did you hear about this vacancy: \_\_\_\_\_

### PERSONAL DATA

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

\_\_\_\_\_

Evening Telephone: \_\_\_\_\_

\_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

\_\_\_\_\_

E-Mail : \_\_\_\_\_

Do you require a work permit to take up employment in the U.K.?  Yes  No

Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ NI number: \_\_\_\_\_ Passport No: \_\_\_\_\_

Give details of professional, trade, business or civic activities (including any professional qualifications).
Describe any specialised training, skills, or experience which you believe are relevant to the job you are applying for:
I confirm that the information given in this application is correct
Signature of Applicant ..... Date .....

## EDUCATION AND TRAINING

Name & location of education establishment	Course of study/ qualifications	Date: from	Date: to	Qualifications earned (results)

## EMPLOYMENT HISTORY

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Please give an accurate, complete full-time and part-time employment record. Attach additional sheets if necessary.

Employer's name (current name): \_\_\_\_\_ Telephone no.: \_\_\_\_\_

Has this employer performed business under another name in the past?  Yes  No

If yes, what are the names known to you? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Post code: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_ Starting salary: \_\_\_\_\_

\_\_\_\_\_ Last salary: \_\_\_\_\_

\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact your present employer as a reference prior to making a hiring decision?  Yes  No

Employer's name (current name): \_\_\_\_\_ Telephone no.: \_\_\_\_\_

Has this employer performed business under another name in the past?  Yes  No

If yes, what are the names known to you? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Post code: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_ Starting salary: \_\_\_\_\_

\_\_\_\_\_ Last salary: \_\_\_\_\_

\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HISTORY

Have you ever had any serious illness or injury?  Yes  No

If yes, please provide details: \_\_\_\_\_

Are you registered as disabled?  Yes  No

Have you any health problems or physical disabilities?  Yes  No

Do you require any adjustments or special arrangements to be made when attending for interview?  Yes  No

If yes, please provide details: \_\_\_\_\_

Are you interested in working:  Part time  Full time

Are there any days, shifts, hours you will not work?  Yes  No

If yes, please provide details: \_\_\_\_\_

Can you meet the attendance requirements of the position?  Yes  No

If selected when will you be able to start work? \_\_\_\_\_

Have you signed an agreement relating to non-compete, trade secrets, or confidential information with any other employer?

Yes  No

*If yes, please attach a copy of the agreement to this application.*

Would that agreement prevent you from performing the position for which you are applying?  Yes  No

If yes, please provide details:

\_\_\_\_\_

Would that agreement restrict you from working for the company?  Yes  No

If yes, how? \_\_\_\_\_

Do you have a criminal record?  Yes  No

This does not apply to convictions which are spent under the Rehabilitation of Offenders Act 1974.

(Note that a 'Yes' answer does not automatically disqualify you from employment, since the nature of the offence, date and the job for which you are applying are also considered.)

If yes, please describe the conviction(s) fully, listing the dates and nature of the offence(s): \_\_\_\_\_

\_\_\_\_\_

Have you previously submitted an application to the company or its subsidiaries or affiliates before?  Yes  No

If yes, month and year and position applied for: \_\_\_\_\_

List any relatives currently employed at the company and their relationship to you

\_\_\_\_\_

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**DRIVING RECORD:** (Only if licence is required for the position for which you are applying)

Do you hold a valid British driver's licence?  Yes  No

Licence no. \_\_\_\_\_

Is it subject to any endorsements?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**COMMENTS**

Please add any comments you wish to make to support your application

**INTERESTS**

Please describe your leisure interests

## EQUAL OPPORTUNITIES MONITORING FORM

Job title: \_\_\_\_\_ Department: \_\_\_\_\_  Full time  Part time

Northern Express Glass Limited is committed to a policy of equal opportunities in employment. In order to monitor the operation of this policy, it is necessary to collect information from all job applicants and employees on the key characteristics which relate to equal opportunity in employment.

The information collected will form a confidential record which will only be used to monitor the operation of the employers Equal Opportunities Policy. This information is requested on a separate form and it will not be seen or made known to selector.

Please mark the following boxes with a tick and delete any words as appropriate.

1. Gender:  Female  Male

2. Date of birth: \_\_\_\_\_

3. Marital status:  Married/live with partner  Single/divorced/widowed

4. No. of dependants:  Dependent children  Other dependants

5. Ethnic Origin:

*Please read the list below and tick the appropriate box that you feel most nearly describes your ethnic origin:*

- |  |                                    |  |                                    |
|--|------------------------------------|--|------------------------------------|
| <b>ASIAN</b>   |                                    | <b>BLACK</b>   |                                    |
| <input type="checkbox"/> Bangladeshi                         | <input type="checkbox"/> Chinese   | <input type="checkbox"/> African                       | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Indian                              | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other – please describe _____ |                                    |
| <input type="checkbox"/> Other Asian – please describe _____ |                                    |  |                                    |

### OTHER

- White
- Any other ethnic group – please describe \_\_\_\_\_

6. Are you registered disabled?  Yes  No

**Thank you your co-operation in providing this information. Please return this form to Andrew Boardman.**