

Employee Application Form

POSITION APPLIED FOR

Personal Details

SURNAME

FIRSTNAME

ADDRESS

POSTCODE

EMAIL

MOBILE

EVENING TEL

General Details

Do you hold a current driving licence? Yes No Do you have access to a car? Yes No

What type of licence do you hold? Full Provisional LGV PCV HGV Licence

Are there any adjustments that may be required to be made should you be invited for interview? If so, state below:

Have you ever been convicted of a criminal offence that is currently "unspent"? Yes No

If yes, please give details of "unspent" convictions:

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? Yes No

If yes, please provide details:

Employment History

EMPLOYER NAME

ADDRESS

POSTCODE

JOB HELD

DATE / DURATION

What were your key achievements in this job? Please state below:

Reason for leaving your job?

EMPLOYER NAME

ADDRESS

POSTCODE

JOB HELD

DATE / DURATION

What were your key achievements in this job? Please state below:

Reason for leaving your job?

References

SURNAME

FIRSTNAME

ADDRESS

POSTCODE

OCCUPATION

DAYTIME TEL

SURNAME

FIRSTNAME

ADDRESS

POSTCODE

OCCUPATION

DAYTIME TEL

Data Protection Statement

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form you agree to the processing of sensitive personal data – as described above – in accordance with current legislation.

Declaration

I declare that the information I have given in this application is accurate and true.

DATE

I understand that providing misleading or false information will disqualify me from appointment or, if appointed, may result in my dismissal.

SIGNATURE

PLEASE RETURN YOUR COMPLETED APPLICATION FORM AND ANY ADDITIONAL SHEETS BY POST TO:
APT LEICESTER LTD, ROOKERY LANE, GROBY, LEICESTER, LE6 0GL

APT Leicester Ltd wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010. The company recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

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

About You

GENDER

Male Female Prefer not to say

MARITAL STATUS

Married Divorced Widowed

Single Prefer not to say

SEXUAL ORIENTATION

Heterosexual Gay woman/lesbian

Gay man Bisexual Prefer not to say

If other sexual orientation, please write:

AGE

16-24 25-29 30-34 35-39

40-44 45-49 50-54 55-59

60-64 65+ Prefer not to say

RELIGION OR BELIEF

No religion or belief Buddhist

Christian Hindu Jewish

Muslim Sikh Prefer not to say

If other religion or belief, please write:

Ethnic Origin

WHITE

English Welsh Scottish

Northern Irish Irish British

Gypsy or Irish Traveller Prefer not to say

Any other white background, please write:

MIXED / MULTIPLE ETHNIC GROUPS

White & Black Caribbean White & Asian

White & Black African Prefer not to say

Any other mixed background, please write:

ASIAN / ASIAN BRITISH

Indian Pakistani Bangladeshi

Chinese Prefer not to say

Any other Asian background, please write:

BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

African Caribbean Prefer not to say

Any other background, please write:

OTHER ETHNIC GROUP

Any other ethnic group Prefer not to say

Disability

Do you consider yourself to be disabled, or to have a long-term health related condition that impacts on your ability to carry out normal day-to-day-activities?

Yes No

If you answered Yes above, please state nature of disability: