

CONFIDENTIAL

Please complete this form in **BLOCK CAPITAL LETTERS** using **black** ink / biro. This form allows you to record relevant points about your background and experience so that Ideal Shopfitters may form an impression of you as an individual. You should therefore complete ALL of the form providing as much relevant information as possible. References will not be obtained without your consent and the information you provide will be treated as strictly private and confidential.

Application for the Position of: ..... Department: ..... Date: .....

PERSONAL DETAILS

Surname: ..... First Name: ..... Title: .....

Preferred Forename: ..... Address: .....

Telephone numbers which we may use to contact you: .....

Work: .....

Home: ..... Postcode: .....

Mobile: ..... National Insurance No: 

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Do you hold a current, full UK driving licence? Yes  No  Uniform Sizes (site employees only):

Do you have any endorsements? Yes  No  Trousers: Short / Reg / Tall Top: S / M / L / XL Waist: .....

If yes, please state: .....

Where did you hear about this position? .....

REFERENCES

Please give details (Name, Job Title, Company, Address, Telephone Number) of two referees, one of whom must be your present

1. Name: ..... 2. Name: .....

Job Title: ..... Job Title: .....

Company: ..... Company: .....

Address: ..... Address: .....

.....

.....

Telephone: ..... Telephone: .....

Relationship to you: ..... Relationship to you: .....

Can references now be taken up with:

Your first referee?: Yes  No  Your second referee?: Yes  No













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CONFIDENTIAL PERSONAL INFORMATION

Do you require permission / a work permit to take up employment in the UK? Yes  No   
(Immigration and Asylum Act 1996)

Have you ever been convicted in a Court of Law? Yes  No   
(Declaration subject to Rehabilitation of Offenders Act 1974 - you are not required to reveal convictions classed as spent under this Act))

If "Yes", please give details: .....

If employed, how many days have you been unable to work due to illness or injury in the last two years? Days

If you are invited to attend for interview, do you require any special facilities to allow you to do so? Yes  No

If "Yes", please specify: .....

Please add any other personal information you consider relevant to your application.

**Ideal Shopfitters equal opportunities policy includes the provision that in recruitment, the only consideration must be that the individual meets or is likely to meet the genuine requirements of the job advertised. No one will be discriminated against on the basis of gender, age, race, colour, ethnic origin, physical disability, marital status, sexual orientation, caring or parental responsibilities, or belief in any matters including religion and politics.**

**The information used on this application form will remain confidential and will be used for the purpose of selection and recruitment. Where the application is successful Ideal Shopfitters may, from time to time, wish to process this information (as updated periodically) for personnel administration and business management purposes. Where this is the case, processing will take place in accordance with the provisions of the Data Protection Acts 1984 and 1998. By signing this form you will be providing Ideal Shopfitters with your consent to these uses.**

APPLICATION DECLARATION

To the best of my knowledge the information I have provided in this application is correct in every detail. I understand that Ideal Shopfitters reserves the right to withdraw any offer of employment, or to terminate any employment already commenced, if the information given by me in this form or at any subsequent interview is inaccurate or misleading in any way. I hereby give my permission for my details to be retained in connection with this application.

Signature of Applicant: ..... Date: .....

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Ideal Shopfitters are committed to ensuring that staff are appointed, retained and promoted on the basis of merit, regardless of ethnic origin, gender, sexual orientation, religious belief, disability or age.

Monitoring enables us to see what is happening in practice, to assess the impact of our equal opportunities policy and its implementation, to set any targets for improvements, and measure and publish progress. To enable us to do this, and to make the exercise successful, we rely on the following details.

On receipt, this form will be separated from your application form / CV. The information provided will be treated in the strictest confidence and will only be used for the purposes of monitoring. **Thank you for your co-operation.**

Name:

Job Title / Ref. No:

Please complete all 4 sections

1. Ethnic Group

Tick the appropriate box to indicate your cultural background.

- Asian British
- Bangladesh
- Black African
- Black British
- Black Caribbean
- Black Other
- Chinese
- Indian
- Irish
- Mixed Race
- Not Specified
- Pakistani
- White

2. Gender

- Male
- Female

3. Sexual Orientation

- Hetrosexual
- Other

4. Age Range

- Under 25
- 26-35
- 36-45
- 46-55
- Over 55

5. Nationality

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6. Do you have a disability?

(‘A physical, sensory, or mental impairment which has a substantial and long-term adverse effect on (a person’s) ability to carry out normal day-to-day activities’ (defined by the ‘Disability Discrimination Act, 1995’.)

- Yes
- No

If “Yes”, is this:

- Hearing Impairment
- Visual Impairment
- Speech Impairment
- Mobility Impairment
- Physical Co-ordination Difficulty
- Reduced Physical Capacity
- Mental Illness
- Other