

# APPLICATION FOR EMPLOYMENT

Extended Form

Please return completed form to:

## APPLICANT Please complete in INK using BLOCK CAPITALS

PRIVATE & CONFIDENTIAL

Forename(s)
<b>Surname</b>
Previous Surname(s)
Home Address
Postcode
Tel. No. (home)
Tel. No. (work)
Mobile phone No.
E-mail address
Date of Birth / /
<small>If you are shortlisted, you will be asked to produce one or more 'specified documents' (e.g. a P60, NINO card, UK or Eire birth certificate, passport) confirming your eligibility to live and work in the UK in accordance with the Asylum and Immigration Act 1996 - Section 8.</small>
Would you be able to produce such a document? <b>YES / NO</b>
Would you have to move home if offered this job? <b>YES / NO</b>
Do you have a current clean driving licence? <b>YES / NO</b>
For what classes of vehicle?

Position applied for					
Yes	No	Enclosed with this Application form			
		Job Description			
		Occupational Health Assessment / Screening Questionnaire (Pre-employment)			
Employment is			Place(s) of work:		
Yes	No	Yes	No		
		Full-time		<input type="checkbox"/> At address given above	
		Permanent		<input type="checkbox"/> &/or	
		Day work			
				Part-time	
				Temporary	
				Night work	

### OPTIONAL QUESTIONS - Please see declaration on page 4

#### Ethnic Origin

For the purpose of monitoring census data, please indicate the ethnic group to which you belong. Ethnic origin is not about nationality, place of birth or citizenship; it concerns colour and broad ethnic group.

(tick box)

<input type="checkbox"/> White	<input type="checkbox"/> Black African	<input type="checkbox"/> Other Asian (specify)
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black Caribbean	<input type="text"/>
<input type="checkbox"/> Indian	<input type="checkbox"/> Black Other (specify)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese	<input type="text"/>

No. of penalty points (if any) endorsed on current driving licence	<input type="text"/>
Have you ever had your driving licence revoked? <b>YES / NO</b>	
Your living accommodation e.g. owner - occupied house, rented flat, living with parents	<input type="text"/>

### GENERAL EDUCATION Please give details of schools attended in date order

Dates (Month/Year)		Name and address of schools (secondary education only)	Type of School
From	To		
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		

### FURTHER EDUCATION AND TRAINING Please give details of education since leaving school, including training courses

Dates (Month/Year)		Name and address of university, college, or organisation	Full time	Part time	Course title or subjects studied
From	To				
/ /	/ /				
/ /	/ /				
/ /	/ /				
/ /	/ /				
/ /	/ /				

### EXAMINATION RESULTS / QUALIFICATIONS OBTAINED

Date (M/Y)	Subject/Examination/Grade	Date (M/Y)	Subject/Examination/Grade
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If you need more space to answer any of the questions please use the NOTES section on page 4



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DETAILS OF PRESENT EMPLOYMENT <small>(or last job if currently unemployed)</small>		
<b>Started:</b>	<b>Ended:</b>	<b>Responsible to:</b>
Your job title:		Number reporting directly to you:
Employers name and address:		Main duties:
Nature of business:		Average No. hours worked per week, including any overtime:
		Remuneration basic before deductions On commencement £ p.a.
	No. of employees:	Now (or on leaving) £ p.a.
Reason for leaving:		Other earnings/benefits (now or on leaving):

If you need more space to answer any of the questions please use the NOTES section on page 4

DETAILS OF PREVIOUS EMPLOYMENT - in date order, most recent first			<small>Please list all organisations for which you have worked, including any military service (state highest rank achieved).</small>	
<b>Started:</b>	<b>Ended:</b>	<b>Responsible to:</b>		
Your job title:		Number reporting directly to you:		
Employer name and address:		Main duties:		
Nature of business:				
	No. of employees:			
Reason for leaving:		Gross (before tax or other deductions) Starting salary/wage £		p.a.
		Final salary/wage £		p.a.

<b>Started:</b>	<b>Ended:</b>	<b>Responsible to:</b>		
Your job title:		Number reporting directly to you:		
Employer name and address:		Main duties:		
Nature of business:				
	No. of employees:			
Reason for leaving:		Gross (before tax or other deductions) Starting salary/wage £		p.a.
		Final salary/wage £		p.a.

<b>Started:</b>	<b>Ended:</b>	<b>Responsible to:</b>		
Your job title:		Number reporting directly to you:		
Employer name and address:		Main duties:		
Nature of business:				
	No. of employees:			
Reason for leaving:		Gross (before tax or other deductions) Starting salary/wage £		p.a.
		Final salary/wage £		p.a.

<b>Started:</b>	<b>Ended:</b>	<b>Responsible to:</b>		
Your job title:		Number reporting directly to you:		
Employer name and address:		Main duties:		
Nature of business:				
	No. of employees:			
Reason for leaving:		Gross (before tax or other deductions) Starting salary/wage £		p.a.
		Final salary/wage £		p.a.

If you need more space to answer any of the questions please use the NOTES section on page 4



HEALTH	
Height:	To the best of your knowledge are you fit to perform the duties involved in the position applied for? <b>YES / NO</b>
Weight:	Would you be willing to have a medical examination if required? <b>YES / NO</b>

**THE FOLLOWING HEALTH QUESTIONS ARE OPTIONAL** Please see declaration on page 4 of this application form

**Non-discrimination against persons with a disability.** To allow us to make reasonable adjustments to the recruitment process and to monitor our equal opportunities policy, please tick one or more of the following statements which are appropriate to you.

- I do not have a disability
- I have dyslexia
- I have an impairment/impediment affecting the following sense(s)
  - Sight\*    Hearing    Touch    Taste    Smell
  - I am a wheelchair user/have mobility difficulties
  - I have mental health difficulties
  - I have an unseen disability, e.g. diabetes, epilepsy
  - I have a disability not listed above

**Below - please expand on any work-related special needs you have**


Have you had a serious accident at work or elsewhere? **YES / NO** If YES, give details


Are you currently receiving any medical treatment? **YES / NO** If YES, give details


Do you smoke? **YES / NO**  
If YES, give details of past and present tobacco usage

\* If this box is ticked, please name the person who has completed this form (if not the applicant) in the NOTES section overleaf

**Notes:** a) If we have sent you a separate Occupational Health Assessment / Screening Questionnaire, please complete and return it marked: "Strictly Private & Confidential - To be opened only by Occupational Health Advisor".  
b) If the job for which you are applying requires you to work at night on a regular basis, you will be offered a free health assessment.

COMPUTERS / INFORMATION TECHNOLOGY - Summarise your level of competency and list products used (enter 'none' where applicable)					
Software, Hardware, WWW	Experience (Months/Years)	Proficiency level (Self rate 1-10)	Software, Hardware, WWW	Experience (Months/Years)	Proficiency level (Self rate 1-10)

PRACTICAL SKILLS			
Summarise job skills acquired and specialist training received: _____			
What qualities do you have which most suit you to the job you are applying for? _____			
<b>FOREIGN LANGUAGES</b> <i>State languages by proficiency</i>	<i>Weak</i>	<i>Fair</i>	<i>Fluent</i>

GENERAL
What are your main interests, sports and hobbies?
To which clubs or societies do you belong?
Do you have any other employment (including part-time or night work) which you intend to continue? <b>YES / NO</b> If YES, give details
Do you have any other commitments which may limit your working hours, e.g. judicial, military or local government? <b>YES / NO</b> If YES, give details
Future training plans (give details of any courses you intend to pursue).
Have you ever been dismissed from employment? <b>YES / NO</b> If YES, give reason
Have you ever been convicted of a criminal offence? (NB. The Rehabilitation of Offenders Act 1974): <b>YES / NO</b>
Please give any other information relevant to your application, (e.g. outline any notable achievements).





# Application Form Guide Notes

## **PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING YOUR APPLICATION FORM**

Thank you for your interest in working for Senior Aerospace BWT. An application form and further details relating to the post are enclosed. Your completed application form is the only basis for considering your initial suitability for the post and the following advice should help you to complete the form as effectively as possible. You may include a copy of your CV however it cannot be a substitute for a completed application form.

### **Job Description and Person Specification**

Read the Job Description carefully and start to think about whether or not you think you can do the job, whether you are interested in it and why. The Person Specification is very important. It tells you what we are looking for in terms of skills, knowledge, experience, personal qualities etc. This is the most useful document for helping you decide whether you might be a suitable candidate.

### **Application Form**

Before starting to complete the application form, refer to the Job Description and Person Specification and begin making notes of what you feel is relevant. It is advisable to produce a rough draft of your whole application and ask someone to check it for spelling, etc. before you transfer it to the actual form.

Make sure that in your application you clearly show how you meet the job requirements and include all information you wish us to know. This is the only way that we can assess you and you will only be short listed for interview if you meet these requirements.

In order to process your application the following information is required and is clearly shown as headings on the form. Make sure that you complete every section, writing 'none' or 'not applicable' where you have no information to provide.

### **Position Applied For**

Please fill in this box using the information on the Job Description.

### **Employment**

This is important information, please indicate your preference for full-time/part-time, permanent/temporary, days/afternoon-evening shifts.

### **Applicant**

This information must be completed in full.

### **Education / Qualifications**

List all formal and informal qualification, including any for which you are awaiting results. We may need to assess whether you meet the required qualifications (if any) for the vacancy.

### **Present Employment (or most recent employer)**

Please delete whichever is not applicable and clearly show the details requested. When we ask you about employment we are equally interested in voluntary work and work experience, either paid or unpaid.

## **Previous Employment**

Please state all the jobs you have had, starting with the most recent. Again, we are equally interested in casual, voluntary, unpaid work and work experience. Please account for any breaks in employment, for example, as a result of returning to study, travel, unemployment etc.

## **Health**

Please take care when completing this section. When answering Yes / No questions you are required to circle your answer. Where a tick box is provided you are required to tick the statement that applies to you.

## **Computers / IT**

If this is not applicable please say so. If you use computers purely for leisure, again, please state.

## **Practical Skills**

This section is your chance to sell yourself by expanding on your qualities, skills, experience, education and training, demonstrating to us why you are a suitable candidate. Remember that you may be in competition with a number of other applicants so make sure that you use the person specification and try to illustrate your skills, experience, etc. through examples of your achievements.

If English is not your first language, please describe your level of proficiency.

You do not have to fill the whole space provided. Alternatively, you may wish to use the Notes Section on the reverse of the application form. It is not important how much you write but that you include all the information you want us to know.

## **References**

When choosing your referees please ensure that they are people who know about your skills and capabilities, ideally your current and previous employer. If this is not possible at least one referee must be your present or most recent employer, or a college tutor if you have just left education. If you cannot provide 2 employer references a second reference may be provided by someone who knows you in a personal capacity and can tell us about your character, personality, honesty etc. This person must state how they know you. You cannot provide an existing member of Senior Aerospace BWT staff as a referee unless the previous capacity was as an employer or supervisor.

It is our usual practice to obtain references after interview. Occasionally we may decide to approach referees for all or some candidates at an earlier or later stage. You must let us know if you do not wish us to do so without your prior knowledge.

## **Canvassing**

You must tell us if you are related to an existing Senior Aerospace BWT member of staff.

## **Declaration**

By signing this form you are agreeing that you have completed this form personally and it is true and accurate to the best of your knowledge. To knowingly provide false information could lead to termination of your employment (in the event your application is successful).

## **Returning Completed Application Forms:**

Once you have completed the application form and pre-employment medical questionnaire please return to the address below:-

Sally Kennedy  
HR Officer  
Senior Aerospace BWT  
Adlington Industrial Estate  
Adlington  
Macclesfield  
SK10 4NL.