

**tods**

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# Application Form

**CONFIDENTIAL**

Please complete all sections of this form as fully and accurately as you can.

The purpose of this form is for us to gain sufficient information to assess your suitability for the position for which you have applied. This information will be used as a basis for short-listing and selection will be held confidentially. In accordance with The Data Protection Act 1998 we will be holding information on you, in connection with all matters relating to our personnel policy and administration.

Please complete using BLACK INK.

For Official Use Only	
Applicant No	
Received	
Acknowledged	
<b>A</b>	

## VACANCY DETAILS

Job Title:.....

Location:.....

Reference Number: .....

## PERSONAL DETAILS

Surname: .....

Dr.  Mr.  Mrs.  Miss.  MS.  Other: .....

First Names:.....

Date of Birth: .....

Maiden Name:.....

Permanent Address: .....

Address for Correspondence (if different)

.....

.....

.....

Post Code: .....

Post Code: .....

Tel No:.....

Tel No:.....

Mobile No: .....

Mobile No: .....

E-mail: .....

E-mail: .....

## NATIONALITY AND RESIDENCY

What is your nationality? (If dual, please state both) .....

.....

.....

.....

.....

.....

Have you been resident in the UK for the last 5 years?

YES  NO

If 'NO' please give details:.....

.....

.....

## DISABILITY

Do you consider yourself to have a disability? YES  NO

If 'YES' do you have the related skills (e.g. the ability to lip read)? .....

.....

.....

Under the commitments of the 'Positive about Disabled People' scheme, any disabled applicants who meet the minimum criteria for posts available can claim a guaranteed interview. Do you wish to claim a guaranteed interview?

YES  NO

Please give details of any special arrangements you require at interview?.....

.....

.....

## INTERVIEW ARRANGEMENTS

Dates not available for interview: .....

.....

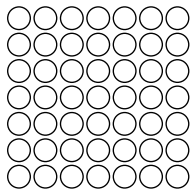
*(We cannot undertake to avoid these dates, but will try to do so).*

If appointed, when could you start work? .....

## ACADEMIC AND PROFESSIONAL QUALIFICATIONS

**Secondary GCSE / O-Levels Further Education / A Levels Etc.**

Date	Qualification Type/Level	Subject	Result *Obtained/Expected	Name of School or Academic Establishment



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### Post Graduate Qualifications

Date	Qualification	Full Title of Qualification	Result *Obtained/Expected	Name of School or Academic Establishment

### Professional Qualifications

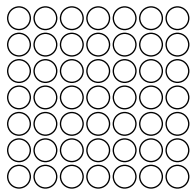
Institution	Class of Membership	Date Achieved	Membership No

### Vocational Training

Dates	Type of Training	Full Title and Description of Training	Level *Achieved/Expected	Name of Training Establishment

\* Please delete where necessary.

Continue on separate sheet if necessary. Please put your full name on any additional sheets.



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## EMPLOYMENT HISTORY

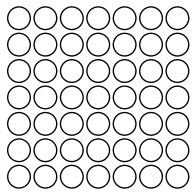
Please give details of all full-time and part-time work and details of unexplained gaps in employment (e.g. working at home, travel, illness, unemployment etc).

### Present / Most Recent Position

Company	Dates from	to	Position held, work performed and nature of responsibilities
Address			
			Reason for leaving post
Salary			

### Previous Employment (Please list the most recent first)

Company	Dates from	to	Position held, work performed and nature of responsibilities
Address			
			Reason for leaving post
Salary			

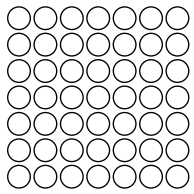


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Company	Dates from	to	Position held, work performed and nature of responsibilities
Address			
			Reason for leaving post
Salary			

Company	Dates from	to	Position held, work performed and nature of responsibilities
Address			
			Reason for leaving post
Salary			



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### Other Circumstances

Use the space below to give details of any circumstances not covered above if there would otherwise be an unexplained gap in employment (e.g. working at home, unemployment, illness, travelling).

Dates from	to

Dates from	to

### Referees

Please provide the names and addresses of two people who could act as work referees.

Name	Position
Address	
Telephone No	Mobile No

Name	Position
Address	
Telephone No	Mobile No

Name	Position
Address	
Telephone No	Mobile No

Name	Position
Address	
Telephone No	Mobile No





What can you offer W & J TOD LIMITED ?

(Your strengths and weaknesses)

.....

.....

.....

.....

.....

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.....

.....

**DECLARATION**

My answers on this application form are to the best of my knowledge and belief, true. I understand that deliberate falsification of factual information may prejudice my application or lead to an offer of employment being withdrawn.

Signed: ..... Date: .....

PLEASE RETURN TO:

PERSONNEL OFFICER

TODS, 8 CROPMEAD, CREWKERNE, SOMERSET, TA18 7HQ

Telephone: 01460 77666



## MONITORING INFORMATION

Have you ever been convicted of any offence before a court of law? Yes  No

If yes, please give details: .....  
.....  
.....

W & J Tod Limited strongly believes in fostering and developing equal opportunities programmes. We aim to select and promote all staff solely on merit regardless of race, ethnic origin, gender, disability, age, marital status, religion or sexual orientation.

In order to monitor the effectiveness of our equal opportunities policy, we ask that all applicants provide the following details. The information in this section does not form part of the selection process.

Please tick the box which best describes your ethnic origin (the categories are in line with the standard recommended by the Commission for Racial Equality).

- WHITE .....
- BLACK AFRICAN .....
- BLACK CARIBBEAN .....
- BLACK OTHER .....
- INDIAN .....
- PAKISTANI .....
- BANGLADESHI .....
- CHINESE .....

OTHER (Please specific) .....

SEX: FEMALE  MALE

Have you a disability or illness you would like us to know about? Yes  No

If yes, please give details: .....  
.....  
.....

Please provide your date of birth: .....