

**APPLICATION FOR EMPLOYMENT**

**CONFIDENTIAL**

Delta House  
Monkmoor Road  
Shrewsbury  
SY2 5ST



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E-mail :  
jobs@arhelectrical.co.uk

<b>Position Applied for:</b>	<b>Where did you learn of the vacancy?</b>
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**PERSONAL DETAILS:**

<b>Surname:</b>	<b>Address:</b>
<b>First Names:</b>	<b>Home Number:</b>
<b>NI No:</b>	<b>Mobile Number:</b>

**Under the Disability Discrimination Act, do you Consider yourself to have a disability?** Yes No  
If you are short listed for this post, please inform us if any special arrangements need to be made for your interview.

**Have you ever been convicted of a criminal offence?** Yes No  
(N.B. - Under the Rehabilitation of offenders Act 1974, Section 5, you do not have to disclose 'spent' convictions)

If YES, please give details:

**Do you have a current British driving licence ?** Yes No

**Do you have any points on your driving licence?** Yes No  
If Yes, please give details of offences and/or points on licence including dates of expiry.

**EDUCATION & QUALIFICATIONS** (proof will be requested in the event of an interview )

School/College/University	Qualification/Certification/Grade achieved	Dates

**CURRENT OR MOST RECENT EMPLOYMENT****Post Title:****Employer and Address:****Date appointed:****Date left if applicable:****Reason for leaving:****Tel No:****May we contact you on this number?**    **Yes**  
**No****Present Wage/Salary £****Absence:** How many days absence from work have you had as a result of sickness in the last :**12 months** ..... **days****3 years** ..... **days**

Please give brief details if you wish:

Please specify type and value of any allowance included in the above:

**Notice required/date available for employment:****PREVIOUS EMPLOYMENT**

(Begin with present or most recent employer and work backwards).

Name & Address	Post Title/Duties (including salary)	Dates	Reason for leaving

If there are any companies you do not wish us to contact please state:

**REFERENCES**

Please provide details of two referees, in addition to the above and excluding relatives, who can be contacted to provide references.

Name:

Name:

Occupation:

Occupation:

Address:

Address:

Tel:

Tel:

**Asylum & Immigration act 1996. Are you a foreign national covered by the act ?**

Yes

No

**Do you have a Permit to Work in the UK ?**

Yes

No

**Declaration**

I declare that the information contained in this form is to the best of my knowledge correct

I have revealed all my convictions except any which are classified as "spent" under the Rehabilitation of Offenders Act. I also authorise the employer to obtain disclosure information under section 122 of The Police Act 1977 and the Code of Practice on Disclosure information, via the Criminal Records Bureau

The form has been completed in my own handwriting

I authorise the company to obtain references and release the company and referees from any liability caused by giving & receiving information. I also understand that I will be required to complete a medical questionnaire if I am offered a position with the company

I understand that any false statement I have knowingly made will, if I am employed, make me liable to disqualification and to immediate dismissal.

**Signature:****Date:****Office use only**

Sifting process successful?

Yes

No

Reasons:

Signed

Interview successful?

Yes

No

Reasons:

Signed

## EQUAL OPPORTUNITIES MONITORING FORM

ARH ELECTRICAL SERVICES LIMITED IS COMMITTED TO PROVIDING EQUALITY OF OPPORTUNITY. IN ORDER TO HELP US TO ENSURE OUR POLICY IS BEING CARRIED OUT, WE NEED THE INFORMATION BELOW TO ANALISE THE APPLICATIONS WE RECEIVE. PLEASE COMPLETE THIS PAGE BY TICKING THE APPROPRIATE BOX AND RETURN IT ALONG WITH YOUR APPLICATION FORM. THE INFORMATION PROVIDED WILL REMAIN PRIVATE & CONFIDENTIAL AT ALL TIMES.

First Name (s) ..... Surname .....

I am FEMALE  MALE  Date of Birth .....

**Marital Status:**       
Single Married Widowed Divorced Other Relationship

I would describe my **Ethnic Origin** as:

Black Black Black Indian Pakistani Bangladeshi Chinese  
African Caribbean (other)please specify

White: European (inc. UK)  Other: (please specify)

Do you consider yourself to have a

**Disability** from the definition given below? YES  NO

Please tick the box (s) which best describes your disability:

Visual Hearing Speech Mental distress Learning difficulties Co-ordination,  
e.g. schizophrenia e.g. Dyslexia dexterity / mobility.

other: e.g. Diabetes, Epilepsy

If you are a registered disabled person please state your Registration No.: .....

### Definition of disability

The disability Discrimination Act defines disability as a "physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day to day activities".

*Long term* is defined as having lasted or likely to last 12 months and for the rest of the life of the person affected.

*Day to day* activities are normal activities carried out by most people on a regular basis and will entail at least 1 of 8 board categories e.g., Manual dexterity, and the ability to lift, carry or move ordinary objects.

People with severe disfigurements are covered by an act; people with progressive conditions e.g. multiple sclerosis are covered when the condition leads to an impairment which begins to have some effect on their ability to carry out normal day-to-day activities. People already registered under the disabled person's act 1994 are also covered.

Some conditions are excluded e.g. addiction or dependant on alcohol, seasonal allergic rhinitis and sight impairment corrected by glasses.

**Religion:** Do you have a specific religion ? Yes  No

If yes please state which .....

*The contents of this form will not be used in any way as part of the selection process.*