

Horsfield Way, Bredbury Park Industrial Estate Stockport SK6 2SU. Tel: 0161 406 6611 Fax: 0161 406 8828

APPLICATION FORM

Please complete this form as fully as possible in your own handwriting.
All information will be treated in the strictest confidence.

| POSITION APPLIED FOR AND HOW DID YOU HEAR OF BAXALL? | | | |
|---|--|--|--|
| SURNAME | TITLE (MR, MRS, DR, MISS, MS) | | |
| FORENAME(S) | DATE OF BIRTH | | |
| ADDRESS | PLACE OF BIRTH | | |
| | IF YOU ARE NOT BRITISH, WILL YOU REQUIRE A WORK PERMIT? YES/NO | | |
| | NATIONALITY | | |
| TELEPHONE NUMBERS HOME: WORK: MOBILE: | NUMBER OF CHILDREN AND AGES | | |
| HAVE YOU PREVIOUSLY APPLIED TO OR BEEN EMPLOYED BY THIS COMPANY? YES/NO IF SO, PLEASE GIVE DETAILS: | | | |
| DO YOU HAVE ANY FRIENDS OR RELATIONS WHO ARE OR HAVE BEEN EMPLOYED BY THIS COMPANY, OR ARE IN A SIMILAR BUSINESS OR TRADE? IF SO, PLEASE GIVE DETAILS: | | | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES/NO (UNDER THE REHABILITATION OF OFFENDERS ACT 1974, CERTAIN OFFENCES ARE EXEMPT FROM DISCLOSURE) PLEASE GIVE DETAILS: | | | |
| DO YOU HOLD A FULL CURRENT DRIVING LICENCE? | DO YOU OWN A CAR? | | |
| HAVE YOU ANY CURRENT MOTORING OFFENCES? YES/NO PLEASE GIVE DETAILS: | | | |

2. EDUCATION AND QUALIFICATIONS

| SCHOOLS | DATES ATTENDED | QUALIFICATIONS (STATE SUBJECTS AND GRADES) | |
|--|--------------------------------|---|--|
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| FURTHER EDUCATION | DATES ATTENDED | QUALIFICATIONS (STATE SUBJECTS AND GRADES) | |
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| | | | |
| COMPUTER LITERACY (PLEASE LI | ST KNOWLEDGE AND PR | OFICIENCY IN PACKAGES USED): | |
| | | | |
| | | | |
| MEMBERSHIP OF PROFESSIONAL, TECHNICAL, SCIENTIFIC SOCIETIES OR ASSOCIATIONS, | | | |
| OTHER COURSES AND ADDITIONAL QUALIFICATIONS (GIVE DETAILS): | | | |
| | | | |
| LANGUAGES (STATE PROFICIENCY | LANGUAGES (STATE PROFICIENCY): | | |
| | | | |

3. EMPLOYMENT DETAILS

| CURRENT/LAST POSITION FROM: MO | ONTHY | ÆAR TO | D: MONTH | YEAR |
|--|---------------|----------------|------------------------------------|------|
| JOB TITLE: | | REPORTING TO: | | |
| COMPANY AND LOCATION: | | | | |
| | | | | |
| NATURE OF BUSINESS: | | | | |
| | | | | |
| £ TURNOVER PER ANNUM: | NUMBER OF EMP | PLOYEES: | NUMBER OF EMPLO PERSONALLY MANA | |
| RESPONSIBILITIES: | 1 | | | |
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| | | | | |
| WHAT HAVE YOU ACHIEVED IN THIS POSI | TION? | | | |
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| WHY ARE YOU CONSIDERING LEAVING, OR WHY DID YOU LEAVE? | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | |
| | | | | |
| | | | | |
| REMUNERATION BASIC SALARY: | | OTHER BENEFITS | (PLEASE SPECIFY): | |
| OTHER (PLEASE SPECIFY): | | | | |
| | | CAR (TYPE): | | |
| NOTICE PERIOD/AVAILABILITY? | | | | |

PREVIOUS EMPLOYMENT - 2 FROM: MONTH ______YEAR _____ TO: MONTH _____YEAR _____ EMPLOYERS NAME AND ADDRESS: JOB TITLE: REPORTING TO: FUNCTION AND RESPONSIBILITIES: REASON FOR LEAVING: BASIC SALARY: OTHERS: PREVIOUS EMPLOYMENT - 3 FROM: MONTH ______YEAR _____ TO: MONTH _____YEAR _____ EMPLOYERS NAME AND ADDRESS: REPORTING TO: JOB TITLE: FUNCTION AND RESPONSIBILITIES: **REASON FOR LEAVING:** BASIC SALARY:

OTHERS:

| SU | MMARY OF PREVIOU | IS EMPLOYMENT | |
|--------|---|---|---------------------------------------|
| 4. | FROM | ТО | POSITION |
| | COMPANY | | SALARY |
| 5. | FROM | ТО | POSITION |
| | COMPANY | | SALARY |
| 6. | FROM | ТО | POSITION |
| | COMPANY | | SALARY |
| 7. | OTHER | | |
| | | | |
| 4. | RELOCATION | | |
| AR | E YOU WILLING TO RELOCA | ATE IF REQUIRED TO DO SO? YES/N | 0 |
| 5. | RECREATION | | |
| WI | HAT ARE YOUR MAIN HOBBIE | ES/INTERESTS OUTSIDE WORK? | |
| | | | |
| ô. | HEALTH | | |
| | YOU SUFFER FROM ANY M EASE GIVE DETAILS: | IEDICAL CONDITION, MENTAL OR PHYSICAL? | YES/NO |
| | | | |
| AR | E YOU REGISTERED DISABI | LED? | |
| | | | |
| | | lering what reasonable adjustments can be made to the workplace and for ROM WORK IN THE LAST 12 MONTHS? | r your own health and safety at work. |
| PL | EASE GIVE DETAILS: | | |
| | | | |
| AR | E YOU A SMOKER? | YES | /NO |

| 7 | 7. WHY DO YOU WANT TO JOIN BAXALL LIMITED? | | |
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| <u>د</u> | 3. WHAT DO YOU BELIEVE YOU CAN/WILL CONTRIBUTE TO THE GROUP? | | |
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| | 9. WHAT HAS BEEN THE MOST ENJOYABLE PERIOD IN YOUR CAREER AND WHY? | | |
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| 1 | 10. WHAT ARE YOUR FUTURE AMBITIONS? | | |
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| 11. WHAT DO YOU CONSIDER YOUR MAJOR STRENGTHS AND WEAKNESSES? | | | | |
|---|--------------------------|--|--|--|
| <u>STRENGTHS</u> | <u>WEAKNESSES</u> | | | |
| 12. WHAT ASPECTS OF YOUR JOB ARE THE M | OST AND LEAST REWARDING? | | | |
| MOST REWARDING | LEAST REWARDING | | | |
| 13. WHAT HAVE BEEN YOUR MAJOR ACHIEVEMENTS TO DATE WITH RESPECT TO YOUR OVERALL EMPLOYMENT HISTORY? | | | | |
| | | | | |

11. REFERENCES: PLEASE PUT AN X IN THE BOX BY ANY OF THE REFEREES WHOM YOU DO NOT WISH US TO CONTACT AT THIS STAGE

| BUSINESS: PRESENT/LAST EMPLOYER | : NAME | | |
|--|---|-------|--|
| | JOB TITLE | | |
| | ADDRESS | | |
| | ADDITEGO | | |
| | | | |
| | | | |
| | | | |
| | TEL. NO | | |
| PREVIOUS EMPLOYER: | NAME | | |
| | JOB TITLE | | |
| | ADDRESS | | |
| | | | |
| | | | |
| | | | |
| | TEL. NO | | |
| | TEL. NO. | | |
| FOLIAL OPPORTUNIT | TIES MONITORING | | |
| EQUAL OPPORTUNITIES MONITORING PLEASE LOOK AT THE DESCRIPTIONS LISTED BELOW AND TICK THE ONE THAT MOST ACCURATELY DESCRIBES | | | |
| YOUR RACE OR ETHNIC ORIGIN. Please note that the information you provide will only be used for monitoring purposes and to ensure that we fulfill our commitment | | | |
| | es employer. The categories used are those recommended by the Commission for Ra | | |
| '''' | ACK BLACK BLACK INDIAN | | |
| CAI | RRIBEAN AFRICAN OTHER Please specify | | |
| | | | |
| PAKISTANI BAI | NGLADESHI CHINESE OTHER | | |
| | Please specify | | |
| | | | |
| | | | |
| BEFORE SIGNING AND RETURNING THIS FORM TO BAXALL LIMITED, PLEASE CHECK THAT YOU HAVE COMPLETED ALL OF THE SECTIONS ACCURATELY. | | | |
| I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS DOCUMENT IS CORRECT | | | |
| AND GIVES A FAIR REPRESI | ENTATION OF MY PERSONAL DETAILS, QUALIFICATIONS AND EMPLOYMENT HIS | IUKY. | |
| CIONED | DATE | | |
| SIGNED | DATE | | |

