

Application for Employment

HR use only applicant ID

PRIVATE AND CONFIDENTIAL

To assist us please ensure you answer each section, either by answering the question or ticking the appropriate box provided. Dawn has a policy of Employment on an equal opportunities basis to ensure no discrimination takes place in respect of nationality, gender, race, colour, religion, ethnic origin, marital status, sexual orientation or disability. The facts that you provide on this form will help us ensure that this policy is upheld.

VACANCY DETAILS

Position applied for: <input type="text"/>	Location: <input type="text"/>
Where did you hear about the vacancy? <input type="text"/>	What other locations are you willing to work in? <input type="text"/>

PERSONAL DETAILS

Surname: (BLOCK CAPITALS) <input type="text"/>	Title (Mr, Mrs, Miss etc.): <input type="text"/>
Forenames: <input type="text"/>	
Address: <input type="text"/> <input type="text"/>	
<input type="text"/>	Postcode: <input type="text"/>
Private telephone number: <input type="text"/>	Mobile telephone number: <input type="text"/>
Business telephone number: <input type="text"/>	E-mail address: <input type="text"/>
Do you require a work permit to take up employment in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a full current driving licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any driving convictions in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give details: <input type="text"/> <input type="text"/>	
Do you have any criminal convictions, other than any which can be considered spent within the Rehabilitation of Offenders Act 1974?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give details: <input type="text"/> <input type="text"/>	
Are you subject to any Restriction of Activity clauses from a previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please attached a copy to this form. If it is not in writing, describe the nature and length of the obligation and to whom it is owed on a separate sheet.	
Have you applied to Dawn before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give details: <input type="text"/> <input type="text"/>	

Do you know of any relative or friend who is in any way connected to the Group?
If 'Yes', please give details of name and work location:

Yes No

Health days
How many days have you lost from work because of illness during the past two years?
Please give details of the nature of the illnesses.

SECONDARY / FURTHER EDUCATION (most recent first)

Name & address of School/ College/University	Dates attended	Subject	Qualification (Higher, Degree etc)	Grade	Date Achieved

PROFESSIONAL QUALIFICATIONS

Professional body	Level of membership/examination passed	Date achieved

ACTIVITIES AND RESPONSIBILITIES completed in spare time currently and/or when in full time education

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EMPLOYMENT HISTORY (most recent first)

Name of company:		Type of business:			
<input type="text"/>		<input type="text"/>			
Address:					
<input type="text"/>					
<input type="text"/>					
Responsibilities:					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
Dates from:	<input type="text"/>	to:	<input type="text"/>	Position held:	<input type="text"/>
Reason for leaving/wishing to leave:					
<input type="text"/>					
Salary:	<input type="text"/>	Notice period:	<input type="text"/>		

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<input type="text"/>		<input type="text"/>			
Address:					
<input type="text"/>					
<input type="text"/>					
Responsibilities:					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
Dates from:	<input type="text"/>	to:	<input type="text"/>	Position held:	<input type="text"/>
Reason for leaving:					
<input type="text"/>					

Name of company:

Type of business:

Address:

Responsibilities:

Dates from:

to:

Position held:

Reason for leaving:

Name of company:

Type of business:

Address:

Responsibilities:

Dates from:

to:

Position held:

Reason for leaving:

Name of company:

Type of business:

Address:

Responsibilities:

Dates from:

to:

Position held:

Reason for leaving:

PREVIOUS WORK EXPERIENCE

Explain which parts of your previous work experience have been most beneficial to you, and why?

CAREER CHOICE

Explain what attracts you to the type of work for which you are applying, and offer evidence of your suitability.

ADDITIONAL INFORMATION

If you feel there is anything that has not been covered adequately elsewhere on your application, please elaborate below.

REFERENCES

Please provide details of two references. These should be your last two employers. If you have not worked before please nominate a reference from school, college or university.

Name:

Name:

Company:

Company:

Address:

Address:

Telephone:

Telephone:

Can this referee be contacted:

Immediately/On employment being offered/On employment being accepted*
(please delete)

Can this referee be contacted:

Immediately/On employment being offered/On employment being accepted*
(please delete)

DECLARATION

It is accepted that this application form constitutes the basis of my contract with Dawn Group Limited. I declare that the information given in this form is true and accurate. I understand that if at a later date information is discovered to be false this could lead to my dismissal.

Signed:

Date:

HR USE ONLY

Thank you for completing this form.

Dawn Group Limited

Registered Office: Eldo House, Monkton Road, Prestwick, KA9 2PB

Registration Number: 147181

July 2002

EQUAL OPPORTUNITIES POLICY

In order to help the company carry on its Equal Opportunities Policy please complete the following by ticking the relevant boxes. The information is for monitoring only and will form no part in the selection decision.

1. Gender Male Female

2. Ethnic Origin

- | | | |
|---|---|--|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black (please specify) | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White |
| <input type="checkbox"/> Other (please specify) | | |

3. Do you consider yourself to have a disability? Yes No
If 'Yes', please give details:

Do you require any assistance to attend an interview due to a disability? Yes No
If 'Yes', please give details:

Thank you for completing this form.

July 2002