

APPLICATION FOR EMPLOYMENT

Hoover Candy Group

- Please print clearly in black ink

Position Applied For:
Location:

1. PERSONAL DETAILS

Title:	(Mr, Mrs, Ms, Miss, Dr)
Surname:	First Name(s):
Previous name (if applicable):	
Home Address:	Telephone No:
Postcode:	Mobile No:
E-mail address:	National Insurance Number:
Emergency Contact:	Relationship
Address:	Telephone No.
Do you presently have the right to work in the UK?	Yes / No
Do you have a current driving licence? Yes/No	
Do you have any driving convictions? Yes/No	Have you been involved in any road accidents Yes/No
If Yes, please give full details.	
Have you worked for the Company before? Yes / No	If yes, which site and when?
If any relatives or friends are employed by the Company, please give names, jobs and relationships:	

2. POSITION

Position(s) applied for – if not applying for a specific position, state type of work you would like.	
Shift preference: Days / Nights / Evenings / Weekends / Any	
Salary Expectations: £	Availability to start employment:
How did you learn of this vacancy?	

3. CURRENT OR MOST RECENT EMPLOYMENT

Name of Employer:	
Employer's Address:	
Post Held / Job Title	
Date Started:	Current Salary: £
Please give details of any additional benefits (e.g. overtime, pension, bonus, shares etc)	
Brief Description of Key Duties & Responsibilities:	
Current Notice Period:	

8. GENERAL

Have you ever been dismissed or requested to resign from a position? If yes, for what reasons?

9. HEALTH

How many days sickness have you had in the last 2 years? ____ days (please enter number)

Do you consider yourself to have a disability, or any other health issues, that could be relevant to the post for which you are applying or your ability generally to work for us? If yes, please give details.

Please advise the HR department if you have any special requirements in respect of your attendance at an interview.

10. REFEREES

Please provide contact details of two people who have knowledge of your work / character. One must be your current or most recent employer. We reserve the right to approach any previous employer to confirm factual information about your previous employment record.

Name:

Name:

Job Title:

Job Title:

Address:

Address:

E-mail:

E-mail:

Telephone Number:

Telephone Number:

11. DATA PROTECTION

The information provided by you in your application will remain private and confidential and may be processed by the Company for personnel administration and business management purposes. Where this is the case, processing will take place in accordance with the provisions of the Data Protection Act 1998. By returning this application form detailing your personal information you consent to our holding and processing, both electronically and manually, your sensitive personal data for the purposes specified by the Data Protection Act 1998.

12. SIGNATURE

I certify that the information given is correct. I understand that such information will be used to decide my initial suitability for the position(s) applied for.

This information may be taken as part of any subsequent contract of employment. Incorrect or false information could lead to dismissal or withdrawal of offer.

Signature

Please return this form and the Equal Opportunities Monitoring form to HR department

EQUAL OPPORTUNITIES MONITORING FORM

Hoover Candy Group

Hoover Candy is committed to equality of opportunity for all. In order to assist us in monitoring the effectiveness of our Equal Opportunities Policy, please answer the following questions. The information supplied will remain fully confidential, and will be used solely for monitoring purposes.

Full Name:

Position Applied For:

Ethnic Origin

Please indicate by ticking the appropriate box:

White

British
Irish
European
Other

Mixed

White & Black Caribbean
White & Black African
White & Asia
Any other mixed background

Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other Asian background

Black or Black British

Caribbean
African
Black British
Any other Black background

Chinese or other ethnic group

Chinese
Other Please specify.....

Gender

Male

Female

Age Band

18-25

26-40

41-55

55-65

65+

Disability

For this purpose, "disability" means any physical or mental impairment, which has a substantial and long term (at least 12 months) adverse effect on your ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability:

Do you have any special requirements in respect of your attendance at an interview or your employment with the Company? (Please continue on a separate sheet if necessary.)

(This information is required to ascertain whether there are any reasonable adjustments that we may need to consider for the purpose of subsequent employment)

DATA PROTECTION ACT 1998: The information you provide on this form will be stored either on computer or in the form of manual records. It will be used by the Company purely to monitor the implementation of its Equal Opportunities and related employment policies. It will not be used for any other purposes or disclosed to any other organisations except in pursuance of our statutory obligations.