

Bluestem Road

Ransomes Europark

Ipswich

Suffolk

IP3 9RR

Tel: 01473 270207

**JOB**

**APPLICATION**

**FORM**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applications can either be e-mailed to margie.morris@debach.com

or posted to the above address.

**Application for Employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title (Mr/Mrs/Miss/Ms/Other) | |  | | |
| Forename(s) | |  | | |
| Surname | |  | | |
| Address | | | | |
|  | | | | |
| 🕾 (Home) |  | | 🕾 (Mobile) |  |

|  |
| --- |
| **General Education (please give details of secondary schools attended)** |
| Name & address of schools (secondary education only) |
|  |

|  |  |  |
| --- | --- | --- |
| **Further Education & Training (please give details of education/training since leaving school)** | | |
| Name & Address of University, College etc | Part or Full Time | Course Title or Subject Studied |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Examination Results & Qualifications Obtained** | | | | | |
| Subject | Exam | Grade | Subject | Exam | Grade |
|  |  |  |  |  |  |
| If further space is required, please use the NOTES section on the back page | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Present or Last Employer** | | | |
| Start Date | Finish Date | Position/Job Title | |
| Name & Address of Employer | | Main Duties | |
| Nature of Business | | Salary | Responsible to |
| Reason for Leaving | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Previous Employer** | | | |
| Start Date | Finish Date | Position/Job Title | |
| Name & Address of Employer | | Main Duties | |
| Nature of Business | | Salary | Responsible to |
| Reason for Leaving | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Previous Employer** | | | |
| Start Date | Finish Date | Position/Job Title | |
| Name & Address of Employer | | Main Duties | |
| Nature of Business | | Salary | Responsible to |
| Reason for Leaving | | | |

|  |
| --- |
| **Give details of your current duties & responsibilities** |
|  |

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| --- |
| **Supporting Information** |
| Please tell us why you have applied for this post & give a brief summary of your relevant experience & skills |
|  |

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| **Practical Skills** |
| Summarise job skills acquired & specialist training received |
|  |
| What qualities do you have which most suit you to the job you are applying for? |
|  |

Please complete this section if you are applying for a driving or warehouse position, or if the position you are applying for would need you to drive to one of our remote sites.

|  |  |  |  |
| --- | --- | --- | --- |
| **Licences & Certificates** | | | |
| **Do you have?** | **Yes/No** | **Do you have?** | **Yes/No** |
| Driving Licence |  | ADR |  |
| Endorsements |  | First Aid |  |
| Class C (2) |  | Forklift |  |
| Class C+E (1) |  | Type (eg counterbalance) |  |

|  |  |
| --- | --- |
| **General** | |
| What are your main interests, sports & hobbies? | |
|  | |
| Have you ever been dismissed from employment? |  |
| Have you ever been convicted of a criminal offence? |  |

|  |  |
| --- | --- |
| **References** | |
| Please give the names & address of two references  Successful applicants are advised that the offer of employment is subject to the receipt of two satisfactory references, one of these must be your previous employer. | |
| Name: | Name: |
| Address: | Address: |
| Tel No: | Tel No: |
| E-mail: | E-mail: |
| Office use only:  Person contacted by the Line Manager: | Office use only:  Person contacted by the Line Manager: |
| Date:  Details of Reference:  Signed: | Date:  Details of Reference:  Signed: |

|  |
| --- |
| **Permits** |
| Do you require a permit to work in the UK? |
| If yes, do you have a current permit? |
| If yes, please provide evidence that you are eligible to work in the UK |

If you are successful enough to be selected for interview, please be aware you will be required to provide a copy of your birth certificate or passport.

To meet our obligations under the Data Protection Legislation all candidates accept that by signing their application form all or part of the information provided may be used by Debach Enterprises Ltd for recruitment, personnel administration & equality monitoring. Such use will be subject to the provisions of the Data Protection Act 1998.

***I confirm the information given in this form is correct & understand that it will be used in the selection process. I also understand that misleading statements may be sufficient grounds for cancelling any agreements made.***

***Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***



Debach Enterprises Ltd is committed to the promotion of equal opportunities in its employment policy, practices and procedures. To make sure this is worth while we need to monitor the effectiveness of our policies, by analysing statistical information. We would be grateful if you could provide us with the following information – we value your contribution, which will ensure our statistics are accurate and representative of people who are seeking employment with Debach Enterprises Ltd.

This form will be kept separate from your application form and will be completely confidential.

|  |  |
| --- | --- |
| Name: |  |
| Job Title/Post Applied for: |  |
| Sex: |  |
| Where did you see/hear about the job? |  |

Ethnic Origin

|  |  |  |  |
| --- | --- | --- | --- |
| **I would describe my ethnic origin as:** | | **Please tick**  **one box** | Ref. |
| White | British |  | WB |
| Irish |  | WI |
| Any other white background \* |  | WO |
| Mixed | White and Black Caribbean |  | MC |
| White and Black African |  | MB |
| White and Asian |  | MA |
| Any other mixed background \* |  | MO |
| Asian or Asian British | Indian |  | I |
| Pakistani |  | P |
| Bangladeshi |  | B |
| Any other Asian background \* |  | AO |
| Black or Black British | Caribbean |  | BC |
| African |  | BA |
| Any other Black background \* |  | BO |
| Chinese | Chinese |  | C |
| \*Other ethnic group (OE) | Please state: |  | |

|  |  |  |
| --- | --- | --- |
| Is there anyone who relies on you for day-to-day care and attention?  *(please tick as appropriate)* | Yes | No |

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to have a disability? *(please tick as appropriate)* | Yes | No |

My age is: *(please tick appropriate box)*

16 – 19 40 – 49

20 – 29 50 – 59

30 – 39 60 – 64

Thank you

DEBACH ENTERPRISES LTD