

# APPLICATION FORM



Please type or complete this form in black ink. Please print clearly.

## VACANCY DETAILS

Position Applied for:.....

Branch:..... Pay Expected:.....

## EDUCATION AND QUALIFICATIONS

School	From	To	Examination & Results
Further / Higher Education	From	To	Course & Results

## TRAINING UNDERTAKEN

Date	Training Course title	Duration of course	Organising body

**PRESENT POSITION**

Job Title:..... Employer:.....  
Employer Address:.....  
Date of Employment:..... Present Salary:.....  
Brief Description of Duties:  
  
What is your current notice period: .....

**PREVIOUS EMPLOYMENT**

Date From	To	Name of Employer and Contact	Position held	Reason for Leaving	Final Salary

**DETAILS OF MEMBERSHIP OF PROFESSIONAL INSTITUTIONS**

**INTERESTS AND HOBBIES**

## STATEMENT IN SUPPORT OF APPLICATION

Please outline the skills and experiences you have gained through paid employment and other work activities which you consider make you a suitable applicant for this appointment (*please use additional sheets if required*)



## EQUAL OPPORTUNITIES MONITORING FORM

In accordance with its Equal Opportunities statement, LBS will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly on any grounds.

All information will be treated in confidence and will be solely used for the purpose of monitoring and will **not** form part of your application.

**Position Applied for:**..... **Branch:**.....

### PERSONAL DETAILS

Surname:..... Forename(s):.....

Address:.....

.....

..... Post Code:.....

Telephone Nos: Home:..... Work:.....

Mobile: ..... E-mail: .....

Do you have the right to take up employment in the UK  
and if necessary have a work permit (Delete as appropriate) Yes / No

National Insurance No: .....

### ADDITIONAL INFORMATION

Gender: Male  Female

Date of birth:..... Age:.....

#### Marital Status

Married  Divorced  Separated  Single  Partnered

**Where did you see this position advertised?**

Branch  Newspaper (which) .....

Job Centre  Website  Other .....

**Sickness**

How many days work have you lost through illness in the last 3 years? 

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Are you suffering or have you suffered from any illness or medical condition which may prevent you from attending work or carrying out you duties regularly in the future?

Yes / No

If Yes, please give details.....

**Disability**

Under the Disability Discrimination Act 1995, disability is defined as 'having a physical or mental impairment which has a substantial and long term effect to your ability to carry out normal day-to-day activities'. In light of the DDA definition, is your ability to perform the particular job for which you are applying limited in any way?

Yes / No

If Yes, how can we overcome this?

Do you hold a current United Kingdom driving licence Yes / No

If 'Yes' do you have any current endorsements .....

Do you have any unspent or pending convictions under the Rehabilitation of Offenders Act 1974? A conviction will not necessarily be a bar to obtaining the post.

Yes / No

If Yes, please give details.....

Do you have any employment other than your main job? Yes / No

If 'Yes', please provide details below:

Position:..... Hours worked per week:.....

## REFERENCES

Please provide name and address of two persons to whom LBS may refer regarding personal character, capabilities, experience etc, at least one of which should be your present or last employer. References will only be sought after offer of employment has been made.

Name:.....	Name:.....
Address:.....	Address:.....
.....	.....
Occupation:.....	Occupation:.....
Contact number:.....	Contact number:.....

## DECLARATIONS

Data on this form will be processed for administrative purposes and will only be viewed by those who have direct involvement in the selection process. For unsuccessful candidates completed application forms will be retained by LBS Builders Merchants Ltd for a maximum of 6 months after which time it will be destroyed. In the case of successful applicants, the application form will be retained on your personnel file.

Please note that by signing this form you are giving explicit consent for the data to be collected, recorded and used for the above purposes.

I declare that, to the best of my knowledge, the information I have given is correct.

Signed:..... Date:.....

**Please return the completed application form to:**

**HR Manager  
LBS Builders Merchants Ltd, Station Road  
LLandeilo. SA19 6NL**