



APPLICATION FORM

FULL NAME		
POST APPLIED FOR	DEPARTMENT	
EXPECTED PAY		
HAVE YOU ANY RELATIVES WORKING FOR US? YES/NO		
IF SO, WHO:		
<i>CURRENT OR MOST RECENT EMPLOYMENT</i>		
POST TITLE	START DATE	
SALARY & BENEFITS	REASON FOR LEAVING	LEAVING DATE
EMPLOYER'S NAME & ADDRESS		
NOTICE PERIOD		
DESCRIBE THE MAIN DUTIES & RESPONSIBILITIES IN YOUR PRESENT/MOST RECENT POSITION		

GENERAL

EXPERIENCE/SUITABILITY/INTERESTS

PLEASE OUTLINE YOUR EXPERIENCE, SUITABILITY AND INTEREST IN THIS POSITION

Short listing and selection will be based on the requirements set out in the person specification. Please address these requirements in your application, drawing on experience at work or in a voluntary capacity. Please continue on ONE additional sheet if required.

WORK HISTORY

Please note, gaps in employment history must be justified. Please continue on ONE additional sheet if required.

PREVIOUS EMPLOYMENT (exclude current or most recent)

EMPLOYER'S NAME & ADDRESS		
JOB TITLE	START DATE	LEAVING DATE
BRIEF DESCRIPTION OF MAIN DUTIES AND REASON FOR LEAVING		

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BRIEF DESCRIPTION OF MAIN DUTIES AND REASON FOR LEAVING		

EDUCATION & TRAINING

EDUCATION (Secondary, Further/Higher)			
SCHOOLS, COLLEGES, UNIVERSITIES OR INSTITUTES OF FURTHER EDUCATION ATTENDED	DATES (MONTH/YEAR)		QUALIFICATIONS GAINED (INCLUDING SUBJECTS, GRADES OR RESULTS EXPECTED)
	FROM	TO	

PROFESSIONAL QUALIFICATIONS
DETAILS OF ANY PROFESSIONAL QUALIFICATIONS AND/OR MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS.
The Company will request evidence of your qualifications before making an appointment

SUPPLEMENTARY INFORMATION

DO YOU HAVE A CURRENT DRIVING LICENCE?	YES	NO
DO YOU HAVE THE USE OF A CAR?	YES	NO

ASYLUM & IMMIGRATION ACT
IT WILL BE A CONDITION PRIOR TO EMPLOYMENT THAT EVIDENCE REGARDING ELIGIBILITY TO WORK IN THE UNITED KINGDOM IS PROVIDED. THIS EVIDENCE COULD INCLUDE A BIRTH CERTIFICATE, P45, PAY SLIP, P60, NATIONAL INSURANCE CARD OR AN APPROPRIATELY ENDORSED PASSPORT. I FURTHER AUTHORISE FLUOROCARBON TO ALLOW MY IMMIGRATION PAPERS AND ANY OTHER RELEVANT DOCUMENTATION REQUESTED AND PROVIDED TO BE CHECKED BY ANY AUTHORITY THAT THE COMPANY CHOOSES IN ORDER TO VALIDATE MY WORKING IN THE UK

REFERENCES

PLEASE GIVE DETAILS OF TWO REFEREES YOU HAVE WORKED FOR, ONE OF WHICH MUST BE YOUR CURRENT/MOST RECENT EMPLOYER, AND COVERING AT LEAST (IF APPLICABLE) YOUR LAST SIX YEARS EMPLOYMENT HISTORY.

NAME OF ORGANISATION	NAME OF ORGANISATION
NAME OF REFEREE	NAME OF REFEREE
JOB TITLE	JOB TITLE
ADDRESS	ADDRESS
POSTCODE	POSTCODE
TELEPHONE	TELEPHONE
E-MAIL	E-MAIL
CAN WE CONTACT PRIOR TO INTERVIEWS? YES/NO	CAN WE CONTACT PRIOR TO INTERVIEWS? YES/NO

POST APPLIED FOR	DEPARTMENT
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PERSONAL DETAILS & DECLARATION

PERSONAL DETAILS

SURNAME	TITLE
FIRST NAME(S)	DATE OF BIRTH (OPTIONAL)
HOME ADDRESS	
DAYTIME TELEPHONE NO.	EVENING TELEPHONE NO.
MOBILE TELEPHONE NO.	E-MAIL ADDRESS

<i>MAY WE CONTACT YOU AT WORK?</i>	YES/NO
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IMPORTANT CANDIDATE INFORMATION

NOTES FOR CANDIDATES

1) APPLICATIONS WILL NOT NORMALLY BE ACKNOWLEDGED UNLESS A STAMPED ADDRESSED ENVELOPE ACCOMPANIES THE COMPLETED APPLICATION FORM. CANDIDATES WILL HOWEVER, BE FORMALLY ADVISED OF THE OUTCOME OF THEIR APPLICATION, AS SOON AS PRACTICABLE.

2) A NO SMOKING POLICY APPLIES TO COMPANY OFFICES AND VEHICLES.

DO YOU HAVE ANY OTHER PAID EMPLOYMENT?	YES/NO
IF YES, PLEASE GIVE DETAILS OF TYPE OF WORK & AVERAGE HOURS WORKED	

DECLARATION

I certify that the information provided in this application form are correct and agree that it should form part of the basis of my engagement. I authorise Fluorocarbon Company Limited to check the information I have supplied. I understand that falsification of qualification or information may lead to withdrawal of any offer of employment and/or dismissal without notice.

DATA PROTECTION ACT 1998

The information you have provided on this form will be used to inform the recruitment process. It will be held securely and used in connection with matters associated with employment with Fluorocarbon Company Limited.

All or part of the information provided may be disclosed or supplied to external organisations or bodies such as Courts, Bailiffs, Benefits Agency, any other charging authority for the following purposes:-

- The prevention of crime;
- The apprehension or prosecution of offenders;
- The assessment or collection of any tax or duty in any case where failure to disclose would be likely to prejudice any of those matters;
- Data matching initiatives with other statutory bodies for the purpose of fraud prevention and detection.

SIGNED

DATE

IF YOU ARE INVITED TO INTERVIEW YOU WILL BE ASKED TO SIGN THIS FORM.

DATA PROTECTION ACT 1998
Monitoring of ethnic origin, race, sex or disability by the Company is a necessary element of an established programme for the promotion of equality of opportunity and the elimination of discrimination or where it is otherwise needed because of some special feature of a particular job.

All or part of the statistical information provided may be disclosed or supplied to Government organisations.

The data collected for monitoring purposes is aggregated, and subject to strictly controlled access procedures.

“THE COMPANY IS COMMITTED TO EQUALITY OF OPPORTUNITY AND WELCOMES APPLICANTS FROM ALL SECTIONS OF THE COMMUNITY”

FULL NAME:					
POST APPLIED FOR:					
DEPARTMENT:					
<i>MONITORING INFORMATION</i>					
PLEASE TICK THE APPROPRIATE BOXES					
1	YOUR GENDER IS			Male	Female
2	YOUR AGE GROUP IS	16-29	30-44	45-65	65+
3	DO YOU CONSIDER YOURSELF DISABLED? YES/NO (please indicate any special assistance that you may require if selected for interview)				
4	ETHNIC ORIGIN (please tick only one of the boxes below):				
WHITE BRITISH English <input type="checkbox"/> Irish <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Other <input type="checkbox"/> If Other White Background, please specify					
MIXED White And Caribbean <input type="checkbox"/> White And Asian <input type="checkbox"/> White And Black African <input type="checkbox"/> Other Mixed Background <input type="checkbox"/> If Other Mixed Background, please specify					
ASIAN OR ASIAN BRITISH Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian Background <input type="checkbox"/> If Other Asian Background, please specify					
BLACK OR BLACK BRITISH Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black Background <input type="checkbox"/> If Other Black Background, please specify					
CHINESE OR OTHER ETHNIC GROUP Chinese <input type="checkbox"/> Any other background, please specify					
5	HOW DID YOU HEAR ABOUT THIS VACANCY? Newspaper <input type="checkbox"/> Internal <input type="checkbox"/> Internet <input type="checkbox"/> If you ticked Newspaper, please state name				

MEDICAL HISTORY

Do you have any condition likely to require treatment or time off in the next 6 months?

Do you suffer from any condition affecting your back, neck or joints, which might affect you, sitting, standing, bending or lifting? If yes please give details

Please let us know if you suffer with any of the following conditions:-

Eczema Yes/No	Dermatitis Yes/No	Low/High Blood Pressure Yes/No	Asthma Yes/No	Hay Fever Yes/No
Migraine Yes/No	Heart or circulatory Problems Yes/No	Stomach or Intestinal Ulcers Yes/No	Have you any other allergies? Yes/No	
Back Problems Yes/No	Diabetes Yes/No	Chronic Chest Disorders Yes/No		Epilepsy Yes/No

Please give details of any other health condition which we should be made aware of:

Do you Smoke? Yes/No

Signed: _____ Date: _____

Reg. Office: Fluorocarbon Company Limited, Caxton Hill, Hertford, Herts, SG13 7NH, UK

Registered in England No. 734182

