Please complete this form & return with cover letter & CV to: lallison@ebecs.com, or by post to the HR Manager, eBECS Limited, Enterprise House, The Bridge Business Centre, Beresford Way, Chesterfield, S41 9FG.

|  |
| --- |
| Vacancy Ref No. / Position Applied for: |

Personal Details:

|  |  |
| --- | --- |
| Title: | Address: |
| Surname: |  |
| Forename(s): |  |
| Email Address: |  |
| Home Tel No: | Postcode: |
| Mobile Tel No: | National Insurance No: |

Source of Application:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| eBECS Website: | Advertisement: | Recruitment Agency (give details): | Other Website (give details): | Other (give details): |

General:

|  |  |
| --- | --- |
| Date available for employment: |  |
| Period of notice you have, or wish to give: |  |
| Do you have any holidays booked, if so give dates: |  |
| Are you willing to travel during the course of your employment: | YES / NO |
| Do you hold a current full driving licence? | YES / NO |
| Is your driving licence clean, if not please give details: |  |
| Do you have the use of a private car? | YES / NO |
| Do you require a work permit to work in the UK?*If you are in any doubt about the need for a work permit, you should contact the Home Office on 0208 686 0688 for advice before returning this form* | YES / NO |

Education:

Please give details of your education (continue on a separate sheet if necessary)

**NB: You will be asked to provide original certificates of further education and vocational qualifications**. If you are a member of a professional organisation, please provide details including membership number:

|  |  |  |
| --- | --- | --- |
| Name & Address of Educational establishment: | Course Details | Qualification & Grades obtained |

Further Education, Professional Qualifications or Training courses attended:

|  |  |  |
| --- | --- | --- |
| Training Provider | Date | Qualification/Course attended |

Employment History:

|  |
| --- |
| Please give details of relevant jobs held including part time, temporary jobs, unpaid work and account for any intervals of unemployment. Please state most recent job first – up to 10 years maximum, unless you feel jobs beyond 10 years are relevant. **Please do not provide a copy of your CV only**, and continue on a separate sheet if necessary. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address of employer: | DatesFrom To | Job Title & Nature of Work | Reason for Leaving |
|  |  |  |  |

Personal Statement: Please answer in continuous prose and do not simply cut and paste your CV.

Why do you feel you would be successful in the role you have applied for?

|  |
| --- |
|  |

Referees:

Please give details of two referees, with their initials and correct style of address, whom we can approach, should you be short-listed. Referees should have first-hand knowledge of your qualifications and experience, or should be able to comment on your present or most recent employment. Please also indicate whether we may or may not contact them before interview:

|  |  |
| --- | --- |
| First Referee: | Second Referee: |
| Name: | Name: |
| Address:Postcode: | Address:Postcode: |
| Telephone No. | Telephone No. |
| Fax No. | Fax No. |
| In what context does this referee know you? | In what context does this referee know you? |
| Contact before interview: YES / NO | Contact before interview: YES / NO |

Additional Information:

|  |  |
| --- | --- |
| Please outline your current remuneration: Basic Salary: |  |
| Car / Travel Allowance: |  |
| Bonus / Commission: |  |
| OTE: |  |
| Earned last year as per P60: |  |
| Additional Benefits: |  |
| Holiday Entitlement: |  |

Medical / Disability

Please give number of sickness absence days taken during previous 2 years and reason for the absence

|  |  |
| --- | --- |
| Date: From /To | Reason |
| We welcome applications from suitable individuals regardless of any disabilities. Please advise if you have any special requirements in relation to the interview or selection process. |
| If required are you prepared to undergo a medical examination and/or complete a detailed health questionnaire? | YES / NO |

Declaration:

I declare that the details given on this application are to the best of my knowledge and belief, true and complete. I understand that my application may be rejected or, if I am already appointed, I may be dismissed if I withhold relevant details or give false information.

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

|  |  |
| --- | --- |
| DATA PROTECTION ACT 1998The information you supply on this application form and supporting documents will be stored and processed by eBECS. eBECS requires the data for operational, managerial, regulatory and associated purposes related to your employment and processing of your application. All information will be subject to strict security rules and confidentiality. | CONSENT:I give my consent for eBECS to store and process the information I have provided for the purposes as stipulated and to make any further enquiries considered necessary in pursuing my application for employment or during my continued employment with eBECS.Signed:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_ |

Equal Opportunities Monitoring

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| --- |
| The Company is committed to ensuring that all applicants and staff receive equal consideration on the grounds of their suitability and qualification in relation to recruitment, career development, promotion, etc., irrespective of their marital status, gender, sexuality, colour, race, religion, nationality, disability, ethnic or national origins.To help us to ensure that this policy is working effectively and that we maintain those records we are legally required to keep, you are asked to supply the following information. *This form will be filed separately from your personal file and will be used for monitoring purposes only.* |

1. Ethnic Group – Please tick the box that you feel applies to you. I would describe my ethnic origin as:

|  |  |  |  |
| --- | --- | --- | --- |
| Black Caribbean |  | Black African |  |
| Black Other |  | Bangladeshi |  |
| Chinese |  | Indian |  |
| Irish |  | Pakistani |  |
| White |  | Other \* |  |

\*Please specify: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Nationality (as shown on passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Age (Please circle relevant range)

16-25 26-35 36-45 46-65 66+

DISABILITY

A disabled person under the Disability Discrimination Act 1995 is anyone with a ‘physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities’.

This definition can be broken down to help explain the meaning of disability

Physical Impairment: examples would be blindness, deafness, paralysis of a leg, heart disease and progressive conditions

Mental Impairment: Includes a clinical well-recognised mental illness and/or what is commonly known as a learning disability

Substantial: put simply, this means the effect of the impairment on ability to carry out normal day-to-day activities, is more than minor or trivial.

Normal day-to-day

Activity: Such as washing, eating, catching a bus or turning on a television.

Do you consider you have a disability YES / NO

|  |
| --- |
| If YES, please give details of the effects of the disability and any assistance you would require: |