

EDUCATION AND TRAINING (including Professional qualifications)			
Place of Study	Dates of Study	Qualifications Awarded	Grade
Other Training or Information about skills relevant to work e.g. Apprenticeships, languages.			
Course Attended	Dates	Qualification (if any)	Grade
Membership of Professional Bodies (please state grade and date of entry)			

HEALTH RECORDS	
How many days sickness absence have you had in the last two years?	
Please comment on your current health status if you feel this would be helpful.	
If an offer of employment is made, you may be required to complete a medical questionnaire, which would be sent direct to our occupational health adviser, who may recommend a medical assessment.	

GENERAL PARTICULARS	
Do you have your own transport?	Do you have a current driving licence?
State any endorsements	
Points	
Expiry Date	

PRESENT OR LAST EMPLOYMENT		
Date Started	Date Left	Position (s)
Name & Address of Employer	Nature of Business Responsible to	Reason for leaving
Notice Period		Salary inc. bonus etc. £
Summary of Duties		
PREVIOUS EMPLOYMENT		
Date Started	Date Left	Position (s)
Name & Address of Employer	Nature of Business Responsible to	Reason for leaving
Summary of Duties		
Date Started	Date Left	Position (s)
Name & Address of Employer	Nature of Business Responsible to	Reason for leaving
Summary of Duties		
Date Started	Date Left	Position (s)
Name & Address of Employer	Nature of Business Responsible to	Reason for leaving
Summary of Duties		
Date Started	Date Left	Position (s)
Name & Address of Employer	Nature of Business Responsible to	Reason for leaving
Summary of Duties		

Please continue onto a separate sheet if necessary

LEISURE AND INTERESTS

Other (outside activities or interest, membership of organisations, or commitments to public duties)

REFEREES

Offers of employment with the Company are conditional upon receipt of satisfactory references. Please give the names and addresses of three referees in connection with this application. Ideally these should be your current and previous employers.

YOUR CURRENT EMPLOYMENT WILL NOT BE APPROACHED UNTIL A FORMAL CONDITIONAL OFFER HAS BEEN ACCEPTED

Name	Address
Position held	
E-mail Address	
Telephone Number	
Name	Address
Position held	
E-mail Address	
Telephone Number	
Name	Address
Position held	
E-mail Address	
Telephone Number	

DECLARATION

I declare that the particulars given or to be stated in support of this application are correct. Furthermore, I declare that I have not knowingly withheld any facts or circumstances which, if disclosed, may affect my application unfavourably. I understand that any omission or falsification may lead to the disqualification of this application form or to dismissal if appointed to the position applied for.

Signature

Date

Please note that if you wish to return your application form electronically, you must type your name in the box above and this will be deemed to be your signature.



MONITORING INFORMATION SHEET

Crown Paints Limited is committed to the principle of equal opportunities in its employment practices, policies and procedures. All applicants for employment are monitored in accordance with the Company's Equal Opportunities Policy to find out if our policy is working in practice and to help ensure that there is no unfair discrimination in our recruitment process.

We would be grateful if you could supply the following information which will be treated as strictly confidential. Could you please ensure that you complete this form in full as this information is treated separately from your main application and will be used for statistical monitoring purposes only.

Personal Details					
POSITION (applied for)			Job Ref No. (office use only)		
How did you learn of this vacancy?					
Last Name		First Name(s)			
Title (Mr, Mrs, Miss, M, Dr, other)		Nationality			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	Age	years

Ethnicity					
What is your ethnic group? Choose one section from A to E then tick/check to indicate your cultural background.					
A White		B Mixed		C Asian or Asian British	
British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
		Any other mixed background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
D Black or Black British		E Chinese or other ethnic group			
Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		
African	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>		
Any other black background	<input type="checkbox"/>	Please specify			

Disability		
The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long term (ie more than 12 months) adverse effect on a person's ability to carry out normal daily activities.		
Do you consider you have a disability, using the above definition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, what assistance would you require in order for you to do the job for which you are applying?		

Thank you for your co-operation in completing this questionnaire which should now be returned, with your application form.