

JOB APPLICATION FORM

Please complete this form accurately, giving as many details as possible of your skills and experience relating to this job application. You are welcome to attach additional details or a CV but this form should be completed in all cases. Short listing will be based on the information gathered from this form.

Please complete the form in BLOCK CAPITALS and ensure the finished form is signed, dated and returned by the closing date to the address given on the advert.

GUIDELINES:

Applicants will be treated the same way whether they are external or internal candidates. Internal candidates should advise their manager that they have applied for another position.

POSITION APPLIED FOR:

Job Title:
Location:
How did you hear about us?

1. APPLICANTS DETAILS:

Title:	Surname:	First Name:

Home Address:	Telephone Numbers –Including full STD code.
	Preferred Contact Number:
	Email address:
POST CODE:	

Are there any restrictions regarding your employment? - e.g. do you have the right to work in this country, do you require a Work Permit? If your answer is yes please supply details:

YES ☐ NO ☐

Note: evidence of this will be requested before a job offer can be confirmed.

2. EDUCATION:

Please tell us about your education and qualifications which you feel are relevant to the post. Include relevant courses which you are currently under taking. Please start with the most recent.

Name of school/college/university/training body.	Subject Studied	Qualification Level	Date Gained

3. TRAINING:

Please list any training you have received, you may also include courses which did not lead to qualification but which you feel are relevant to the advertised post.

Training Course	Qualification Level	Date

4. Experience / Skills:

This section is for you to give specific information in support of your application.

After reading the advertisement /Job Description carefully, consider what skills and experience you have gained that will support your application. It is important that you provide evidence of your achievements by giving examples.

Do you hold a full, valid driving license?

YES

☐

NO

☐

How would you travel to work?

Do you speak any other language:

YES

☐

NO

☐

If so please state language, the extent of fluency and whether spoken or written of both

Language	Fluency	Spoken or Written

5. EMPLOYMENT RECORD:

Please complete this section in full starting with your most recent employment. Briefly describe the main duties and responsibilities of your current and previous roles. If you wish to expand on specific areas of responsibility, please do so in section 5; Experience / Skills.

1. Current/most recent employer/organisation.		
Name:		
Address:		
Job Title:	From:	To:
Brief Description of Duties:		
Reason for Leaving / Changing:		
2. Employer/organisation.		
Name:		
Address:		
Job Title:	From:	To:
Brief Description of Duties:		
Reason for Leaving / Changing:		
3. Employer/organisation.		
Name:		
Address:		
Job Title:	From:	To:
Brief Description of Duties:		
Reason for Leaving / Changing:		

4. Employer/organisation.

Name:

Address:

Job Title:

From:

To:

Brief Description of Duties:

Reason for Leaving / Changing:

5. Employer/organisation.

Name:

Address:

Job Title:

From:

To:

Brief Description of Duties:

Reason for Leaving / Changing:

Have you ever worked for Nampak plc company before:

This may include companies called Blowmopan Polysystems Ltd or Plysu plc.

Yes ☐No ☐

Please give dates:

Please give location:

How much notice are you required to give your current employer:**Working Time Regulations.**

We are required to monitor the hours worked by all employees.

Please state whether you have a second job or work regularly on your own.

YES ☐ NO ☐

If yes please complete the following:

Type of work:

Number of hours worked

6. REFERENCES:

Please give name, address and position/occupation of two referees. One must be your present and most recent employer. References will only be taken up for the successful candidate. References from friends and immediate family are not acceptable.

Name:	
Position:	
Organisation:	
Address:	
Tel:	Email
Name:	
Position:	
Organisation:	
Address:	
Tel:	Email

7. CRIMINAL CONVICTIONS:

Do you have any criminal convictions? Yes ☐ No ☐
If yes please give details, this should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.

By signing and returning this application form I understand that any false statement may be sufficient cause for rejection and if employed dismissal. I also understand that any offer of employment is conditional on receipt of references satisfactory to the Company and completion of a satisfactory medical check. If my application is successful I understand that my employment will be subject to a probationary period. I give my consent to the processing, transfer and disclosure of all information submitted by me during the recruitment process and throughout any subsequent periods of employment checks, equal opportunities monitoring, payroll operations and training.

8. DECLARATIONS AND SIGNATURE:

The information supplied on this form is accurate and complete to the best of my knowledge.

Signed: Date:

EQUAL OPPORTUNITIES MONITORING FORM

We are committed to having a workforce that promotes equality and celebrates diversity. To help us monitor and achieve this, we gather and use information about job applicants and our workforce to continually improve our employment policies and to remove barriers to and within employment. The information you give is confidentially managed and does not affect your job application. It will help us if you provide as much information as possible, but if you do not wish to answer any questions please leave them blank.

What age group are you (years)?

Up to 20 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ Over 60 ☐

What is your Marital Status?

Single ☐ Married ☐ Other ☐

How do you describe your gender?

Male ☐ Female ☐

How do you describe your religion or belief (if any)?

Buddhism ☐ Christianity ☐ Hinduism ☐ Islam ☐
Judaism ☐ Sikhism ☐ Non belief ☐ Withheld ☐

Other (please specify):

How do you describe your ethnic origin?

Please read through carefully before selecting the ethnic group that you feel most closely reflects your background.

White <input type="checkbox"/>	Irish <input type="checkbox"/>
Black / Caribbean <input type="checkbox"/>	Black Other <input type="checkbox"/>
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>
Other Asian <input type="checkbox"/>	Other Please State:

Nationality

Please state your Nationality:

Do you consider yourself to have a disability?

Yes ☐ No ☐

If your answer is 'yes', please give details of any specific arrangements or facilities which you might need either to attend interview or to take up a post if offered. It would help us to know any barriers you have faced when dealing with us and any areas of improvement. .

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