



APPLICATION FORM

The information supplied on this form will be treated as strictly confidential.

RECRUITMENT POLICY

It is the company's policy to employ the best-qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of age, race, colour, national origin, sex, sexual orientation, religion or belief or marital status or disability.

PERSONAL DETAILS

Please print clearly

Preferred title (Mr/Mrs/Ms/Miss/Dr): Surname: First Names: (please underline your preferred first name) National Insurance Number: E-Mail:	Position applied for: Full time <input type="checkbox"/> Part time <input type="checkbox"/> If part time, state days/hours: Salary expected:
Address: Postcode:	Home telephone number: Mobile: Work telephone number: (will only be used if necessary and with discretion)
Do you have a full UK driving licence? YES <input type="checkbox"/> NO <input type="checkbox"/> (Please tick) If you have any endorsements, please give details: Do you have a HGV licence? YES <input type="checkbox"/> NO <input type="checkbox"/> Class: Car owner: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/> If you are successful would you require a work permit to work in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>	Did you see the vacancy advertised? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please state where. If NO how did you find out about the vacancy?
If you have been interviewed previously by the Company, please state for which posts and when: Post: Date:	Do you know anyone employed by the Company? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give details:
If offered this position, will you continue to work in any other capacity? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give details:	
What is the minimum period of notice required by your current employer?	When would you be available to start working for us?

EDUCATION

<i>Secondary Education</i>			
Name of School	From / To	Examinations taken, subject and grades	
<i>Further Education</i>			
Name of College/University	From / To	Course Title	Examinations taken, subject and grades/qualifications
Any other professional qualifications or work-related training		Dates	
Qualification/Training course			

You may be requested to produce any certificates obtained

EMPLOYMENT RECORD

List below your present and past employment beginning with your current employer

Name & Address of employer	Dates (Month/Year)	Position Held/Salary
_____	From: _____	Job Title: _____
_____	To: _____	_____
Tel. No.: _____	_____	Final salary: _____
Type of Business: _____	_____	_____
Name of Supervisor: _____	_____	_____
List your main duties / responsibilities: _____		
Reason for leaving: _____		

EMPLOYMENT RECORD (continued)

Name & Address of employer	Dates (Month/Year)	Position Held/Salary
_____ _____ _____	From: _____ _____	Job Title: _____ _____
Tel. No.: _____	To: _____ _____	Final salary: _____ _____
Type of Business: _____		
Name of Supervisor: _____		

List your main duties / responsibilities: _____

Reason for leaving: _____

Name & Address of employer	Dates (Month/Year)	Position Held/Salary
_____ _____ _____	From: _____ _____	Job Title: _____ _____
Tel. No.: _____	To: _____ _____	Final salary: _____ _____
Type of Business: _____		
Name of Supervisor: _____		

List your main duties / responsibilities: _____

Reason for leaving: _____

Name & Address of employer	Dates (Month /Year)	Position Held/Salary
_____ _____ _____	From: _____ _____	Job Title: _____ _____
Tel. No.: _____	To: _____ _____	Final salary: _____ _____
Type of Business: _____		
Name of Supervisor: _____		

List your main duties / responsibilities: _____

Reason for leaving: _____

Continue on a separate sheet if necessary

WORK-RELATED EXPERIENCE

Please describe any other work you have been employed in, e.g. voluntary, freelance, project

Dates / Duration	Description

HEALTH / MEDICAL HISTORY

Are you in good health?

YES NO

How many days have you been absent from work through illness or injury in the last 12 months?

Days: Reason(s): _____

Are there any disabilities, which may affect your application?

YES NO

Describe disabilities and

- (a) any reasonable adjustments, which you feel should be made to the recruitment process to assist you in your application for the job.
- (b) any reasonable adjustments, which you feel should be made to the job itself which would enable you to carry out the job.

CRIMINAL CONVICTIONS

Have you ever been convicted of a criminal offence? (declaration subject to the Rehabilitation of Offenders Act 1974) If YES please give details:

YES NO

INTERESTS / HOBBIES

Give details of pastimes, sports etc. (offices held in social / sports clubs etc). Public duties undertaken (JP, local councillor etc.). Membership of any professional organisations.

ADDITIONAL INFORMATION

Please use this space to give brief details of other skills, experience, fluency in foreign languages, leisure activities and any other interests, which you feel, are relevant and will support your application. Please complete on a separate sheet if necessary.

REFERENCES

I authorise the company to obtain references to support this application once an offer has been made and accepted and release the company and referees from any liability caused by giving and receiving information.

Signed: Date:

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s):

.....

If you have no previous employers, please provide the names and addresses of two personal referees:

Name:	Name:
Address:	Address:
.....
.....
Tel. No.:	Tel. No.:

DECLARATION

I hereby declare that to the best of my knowledge the information contained in this form is true, accurate and complete, and I consent to it being held under the terms of the Data Protection Act. I understand that any false statement may be sufficient cause for rejection or, if employed dismissal.

Signed: Date:

Once completed, please send it back to:-

Human Resources Department
Sevenoaks Sound & Vision
109-113 London Road
Sevenoaks
Kent
TN13 1BH

E-Mail: hr@ssav.com

EQUAL OPPORTUNITIES MONITORING

Please print clearly

This section of the form will be detached from your application. The information you provide will be used solely for monitoring purposes to ensure our recruitment system does not discriminate against any section of society.

We recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of gender, race, disability, sexual orientation, religion or belief, or age.

I would describe myself as *(please tick one of the boxes in each section below)*.

Ethnic Group

A) White

British	
Irish	
Any other white background (please specify)	

B) Mixed

White & Black Caribbean	
White & Black Africian	
White & Asian	
Any other mixed background (please specify)	

C) Asian or Asian British

Indian	
Pakistani	
Bangladeshi	
Any other asian background (please specify)	

D) Black or Black British

Caribbean	
Africian	
Any other black background (please specify)	

E) Chinese or Other Ethnic Group

Chinese	
Any other (please specify)	

F) Religion (optional)

None	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion (please specify)	

Gender

What is your Gender? Male Female

Marital Status

Are you Single / Married / Separated / Divorced / Widowed? _____

Age

16-17	18-21	22-29	30-39	40-49	50-59	60-65	Over 65

Do you consider yourself to have a disability:

If yes, please state nature of disability:- Yes No

The Disability Discrimination Act defines disability as "A physical or mental impairment which has a substantial and long-term effect on the person's ability to carryout normal day-to-day activities".