

# APPLICATION FOR EMPLOYMENT



Information you give will be treated as strictly confidential. Please complete your application form providing as much information as possible.

**INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.**

JOB ROLE APPLYING FOR:

## PERSONAL DETAILS

SURNAME:

FORENAMES:

ADDRESS:

POSTCODE:

HOME TELEPHONE NUMBER (INC. AREA CODE):

MOBILE NUMBER:

NATIONAL INSURANCE NUMBER:

EMAIL ADDRESS:

(Please note we require proof of your National Insurance Number prior to the commencement of employment)

WHERE DID YOU HEAR ABOUT THIS VACANCY?:

IF FROM A FRIEND, PLEASE GIVE YOUR FRIENDS NAME:

## GENERAL INFORMATION

DO YOU HOLD A CURRENT UK DRIVING LICENCE?:

YES  NO

PLEASE PROVIDE DETAILS OF ANY ENDORSEMENTS ON YOUR LICENCE:

DO YOU REQUIRE A PERMIT TO WORK IN THE UK?:

The Company will need to see evidence of entitlement to work before a job offer is made.

YES  NO

HAVE YOU WORKED FOR THIS COMPANY BEFORE?:

YES  NO

IF YES, WHEN?:

**DO YOU SPEAK / WRITE IN ANY OTHER LANGUAGES**

**FLUENCY**

LANGUAGE:

WRITTEN:

SPOKEN:

LANGUAGE:

WRITTEN:

SPOKEN:

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## EMPLOYMENT HISTORY

CURRENT OR MOST RECENT EMPLOYMENT POSITION:

EMPLOYER'S NAME AND ADDRESS:

POSTCODE:

NATURE OF BUSINESS:

NO. OF EMPLOYEES:

EMPLOYMENT DATES

TO:

FROM:

POSITION HELD:

TASKS, DUTIES AND RESPONSIBILITIES:

GROSS SALARY/WAGE:

(Including Bonus and Allowances)

REASON FOR LEAVING:

## EDUCATION AND QUALIFICATIONS

PLEASE TELL US ABOUT YOUR EDUCATION AND ANY QUALIFICATIONS WHICH YOU FEEL ARE RELEVANT TO THE POST:

## CONVICTIONS

DO YOU HAVE A CRIMINAL RECORD?:

YES  NO

Please declare any convictions that are not regarded as 'spent' under the Rehabilitation of Offenders Order (1978).

## ADDITIONAL INFORMATION:

HAVE YOU EVER, OR ARE YOU CURRENTLY, WORKING FOR A MEDIA ORGANISATION E.G. PRESS/TV/RADIO ETC?:  YES  NO

HAVE YOU EVER OR ARE YOU CURRENTLY WORKING FOR AN ANIMAL WELFARE ORGANISATION E.G. ANIMAL AID?  YES  NO

PLEASE STATE YOUR REASONS FOR APPLYING FOR THIS JOB TOGETHER WITH ANY OTHER RELEVANT INFORMATION IN SUPPORT OF YOUR APPLICATION:

CONTINUE ON AN ADDITIONAL SHEET IF NECESSARY. **PLEASE DO NOT LEAVE THIS SECTION BLANK!**

## DECLARATION

I understand and accept that a candidate found to have given false information or to have wilfully suppressed any material fact will be liable to disqualification, or if employed, to dismissal. The particulars given by me are complete and correct to the best of my knowledge and belief.

SIGNATURE:

DATE:

If returning this application form via email please type your name and date above to agree with the declaration

## EQUAL OPPORTUNITIES

The Company actively promotes Equal Opportunities in employment and has a statement of policy to this effect. We are committed to monitoring the effectiveness of our Equal Opportunities Policy in respect of job applications and our employees in accordance with the Codes of Practice issues by the Equality and Human Rights Commission.

Please answer the following questions by ticking the appropriate boxes. We guarantee that the information you provide in this section will not be used as part of the selection process.

- |   |                                     |  |  |                                      |                                     |
|---|-------------------------------------|--|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> WHITE (UK/IRISH) | <input type="checkbox"/> BLACK (UK) | <input type="checkbox"/> BLACK CARRIBEAN | <input type="checkbox"/> BLACK AFRICAN | <input type="checkbox"/> BLACK OTHER | <input type="checkbox"/> ASIAN (UK) |
| <input type="checkbox"/> PAKISTANI        | <input type="checkbox"/> BANGLADESH | <input type="checkbox"/> INDIAN          | <input type="checkbox"/> CHINESE       | <input type="checkbox"/> OTHER       |                                     |

IF OTHER PLEASE SPECIFY:

DATE OF BIRTH:

To the best of my knowledge, all information contained in this form is accurate and complete. I understand that any attempt to falsify information or to deliberately omit relevant facts may lead to my dismissal.

Certain information I have provided in this application form will be regarded as 'personal sensitive information' within the meaning of the Data Protection Act 1998. I understand that by completing this form I give my consent to the above information being held and processed by Dunbia for the purpose of the possible employment within the group.

SIGNED:

DATE:

## GDPR

Your personal data will be used to process your employment application. Successful candidate's data will be held under the company's General Data Protection Policy (GDPR) details of which will be made available upon the offer of employment. Candidate's data will be held of a period of 6 months where upon it will be confidentially destroyed.

Certain information I have provided in this application form will be regarded as 'personal sensitive information' within the meaning of GDPR. I understand that by completing this form I give my consent to the above information being held and processed by Dunbia for the purpose of the possible employment within the group.

SIGNATURE OF INTERVIEWER:

DATE OF INTERVIEW:

## FOR EXISTING EMPLOYEES ONLY

DEPARTMENT MANAGER'S SIGNATURE:

INTERVIEWERS COMMENTS

SIGNATURE OF INTERVIEWER:

DATE OF INTERVIEW:

**COMPLETED APPLICATION FORMS TO BE RETURNED OR EMAILED TO**  
The Human Resources Department, Dunbia, Church Road, Bamber Bridge, Preston, PR5 6AJ  
preston.hr@dunbia.com