



APPLICATION FOR EMPLOYMENT



Notes on completion

1. Please complete this form using BLOCK CAPITAL letters.
2. Answer questions in full. Delete answers (yes / no) where not applicable. If an answer is not applicable write N/A.
3. All applicants who meet the requirements advertised will be given fair and equal consideration, regardless of race, sex, colour, creed, nationality, ethnic origin, marital status, sexual orientation, religion, age or disability.
4. You will be required to provide evidence of your right to reside and work in the United Kingdom should an offer of employment be made.
5. You will be required to provide evidence of qualifications should an offer of employment be made.
6. Employment references will be sought from your current and previous employers. Please note that no reference will be sought from your current employer without your consent.
7. Information provided by you will be treated in strict confidence.

PERSONAL DETAILS

Position applied for			
Where did you learn of this vacancy?			
Surname	Forenames	Title	Mr Ms Mrs Miss
Home telephone number		Mobile telephone number	
Home address			
E mail address			
Are you legally eligible for employment in the United Kingdom?	Yes / No		
Do you require a work permit to work in the United Kingdom?	Yes / No		

EDUCATION, PROFESSIONAL QUALIFICATIONS & TRAINING

Name of educational establishment/training provider & Yrs	Examinations taken, qualifications, training undertaken
Other Qualifications e.g. Fluency in modern languages, material handling, computer/IT qualifications, or special attainments	
Do you possess a valid full driving licence to drive a car in the United Kingdom?	Yes / No

EMPLOYMENT REFERENCES

It is our policy to request references from your previous employers. Please provide details of your employers during the past five years. Please note that no referee will be requested from your current employer until you have accepted an offer of employment in writing or provide us with authorisation to do so.

Current/Past Employers' name and address	Dates of Employment (Month/Year)	Contact name/referee	Admin use
			S R
			S R
			S R

I authorise the Company to obtain references to support this application once an offer has been made and accepted. To the best of my knowledge all the information I have given is true. I understand that any false statement may disqualify me from employment or render me liable to dismissal. I give my consent for my personal information to be processed in relation to my application for employment in line with the requirements of the General Data Protection Regulation (also known as GDPR) and the Data Protection Act 2018. I understand the information given in this form will only be used by the Company in relation to my application for employment. By signing this declaration, I am giving my express consent for you to retain and process this information under the GDPR and Data Protection Act 2018. We will keep your personal information for six months after the employment decision, if unsuccessful. It will become part of your personnel file if successful and then be managed in accordance with our Employee Privacy Notice. The full details of our Applicants Privacy Notice can be viewed on our website.

Signature		Date
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FAMILY CONNECTIONS

Use this space to bring to our attention any family members who currently work for Simpsons Malt/MSP.



Equal Opportunities Monitoring Form



We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

OR

Please complete this form and return it to The information on this form will be used for monitoring purposes only and will not be used in any decision affecting you.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Thank you for your assistance.

ABOUT THE VACANCY

Please state which job you have applied for and the closing date given for applications.

Job applied for:

Closing date for applications:

Where did you hear about this job (please tick)?

- | | |
|---|---|
| <input type="checkbox"/> Newspaper (please specify) | |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Recruitment company |
| <input type="checkbox"/> Company website | <input type="checkbox"/> Other (please specify) |

GENDER

What is your gender (please tick)?

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Prefer not to say | |

(If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

GENDER IDENTITY

Do you identify as transgender/transsexual?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say | |

ETHNIC GROUP

How would you describe your nationality and/or ethnicity (please tick)?

A White:

- British - English, Scottish or Welsh
- Irish
- Other White background

B Mixed race:

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed background

C Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Other Asian background

D Black or Black British:

- Caribbean
- African
- Other Black background

E Chinese and other groups:

- Chinese
- Other ethnic group

Prefer not to say

AGE

What is your age (please tick)?

- 16-17 18-21 22-30 31-40
- 41-50 51-60 61-65 66-70
- 71+ Prefer not to say

SEXUAL ORIENTATION

How would you describe your sexual orientation (please tick)?

- Heterosexual/straight Bisexual Prefer not to say
- Gay man Gay woman/lesbian

If you are lesbian, gay or bisexual, are you open about your sexual orientation?

- | | | | |
|-------------------|------------------------------|------------------------------------|-----------------------------|
| At home | <input type="checkbox"/> Yes | <input type="checkbox"/> Partially | <input type="checkbox"/> No |
| With colleagues | <input type="checkbox"/> Yes | <input type="checkbox"/> Partially | <input type="checkbox"/> No |
| With your manager | <input type="checkbox"/> Yes | <input type="checkbox"/> Partially | <input type="checkbox"/> No |
| At work generally | <input type="checkbox"/> Yes | <input type="checkbox"/> Partially | <input type="checkbox"/> No |

RELIGION OR BELIEF

Please describe your religion or other strongly-held belief.

I would describe my religion or belief as:.....

- I have no particular religion or belief Prefer not to say

DISABILITY

The Equality Act 2010 defines a disability as a “physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities”. An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

- Yes No Used to have a disability but have now recovered
- Don't know Prefer not to say