

Employment Application Form

Please complete the form in capital letters. Where necessary continue your answers on a separate sheet of paper.

Position(s) applied for

How did you hear about this vacancy?

Section 1: Personal Details

Title (Mr, Mrs, Miss, Dr. etc)

Surname Forename(s)

Address

Home telephone number Work telephone number

Mobile telephone number Please indicate if it is acceptable to phone you at work
 Yes No

Email address

Nationality National Insurance number

Section 2: References

Please give details of two referees whom we can approach for a reference. These should not be your relatives. One of these should be your current/previous employer. FDBE will not contact your current/most recent employer until we have your agreement.

<p>1. Title (Mr, Mrs, Miss, Dr. etc) <input type="text"/></p> <p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Email <input type="text"/></p> <p>Telephone number <input type="text"/></p> <p>Please indicate if employer/personal <input type="text"/></p> <p>If this is an employer referee please indicate company name <input type="text"/></p> <p>May referee be approached prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2. Title (Mr, Mrs, Miss, Dr. etc) <input type="text"/></p> <p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Email <input type="text"/></p> <p>Telephone number <input type="text"/></p> <p>Please indicate if employer/personal <input type="text"/></p> <p>If this is an employer referee please indicate company name <input type="text"/></p> <p>May referee be approached prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Section 3: Education

Please list all qualifications with the highest level first (e.g. PhD, degree, 'A' levels and GCSEs).

Name and address of school/college/university	Dates attended	Qualifications gained including grades

Section 4: Employment

Please complete in date order starting with your current/most recent employer. Please attach additional sheets if necessary.

From

To

Type of business

Job title, description of duties and reason for leaving

Salary

Employer's name and address

From

To

Type of business

Job title, description of duties and reason for leaving

Salary

Employer's name and address

Section 4: Employment continued

From

To

Type of business

Job title, description of duties and reason for leaving

Salary

Employer's name and address

From

To

Type of business

Job title, description of duties and reason for leaving

Salary

Employer's name and address

Section 5: General

Do you hold a current full driving licence? Yes No

Are you a car owner? Yes No

Do you smoke? Yes No

If yes, how many per day?

Please note FDBE has a no smoking policy which operates during the hours you are working for the company. The premises and the grounds are no smoking areas.

Please explain why you are interested in applying for this position

Please state whether you are aware of any restrictive covenants which you have signed which may affect whether you can work for us or your ability to carry out the position you are applying for

Yes No

If yes please give details

Section 6: Supplementary Information

This is an opportunity to draw attention to aspects of your career, training courses attended, interests, ambitions, etc., which make you suitable for the position applied for. Please attach additional sheets if necessary.

Declaration

The details provided on this application form are correct to the best of my knowledge. I understand that the data I have given will be processed and hereby give permission for my details to be retained. I also understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information.

Signature of applicant

Date

Equal Opportunities

First DataBank Europe Ltd has a commitment to supporting Equal Opportunities. We want to ensure that all applicants are treated equally regardless of their gender, race, age, colour, religion, ethnic origin, sexual orientation or disability.

To do this we need to know about the people who apply to us and would be grateful if you would complete the following questionnaire.

Providing this information is optional and your answers will not affect your application in any way.

Please show which group best describes your ethnic origin or descent by ticking ONLY ONE box below

Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Asian (other) specify below	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Black- Caribbean	<input type="checkbox"/>	Black- African	<input type="checkbox"/>	Black (other) specify below	<input type="checkbox"/>
Mixed-Race	<input type="checkbox"/>	White- UK/Irish	<input type="checkbox"/>	White- European	<input type="checkbox"/>	White (other) specify below	<input type="checkbox"/>

Do you belong to any other group? (please specify)

Gender

Male

Female

Date of birth

Please show which group best describes your religion or religious beliefs by ticking ONLY ONE box below

Church of England	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>
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Do you belong to any other group? (please specify)

Do you consider yourself to have a disability? Yes No

If you wish to provide any additional details please do so

Thank you for your co-operation