



APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL

Return this form to:

**Human Resources Department
 McAllisters Recovery Ltd
 Building K, Alpha 319,
 Chobham Business Center,
 Chertsey Road
 Chobham
 Surrey
 GU24 8JB**

POSITION APPLIED FOR: Recovery Operator

| TITLE | FORENAME(S) | SURNAME |
|--------------|--------------------|----------------|
| | | |

ADDRESS:

| | | |
|--|--|--|
| (Tick which is Preferred contact method in box to the right) | | |
| MOBILE TELEPHONE NUMBER | | |

| | | |
|------------------------------|--|--|
| HOME TELEPHONE NUMBER | | |
|------------------------------|--|--|

| | | |
|----------------------|--|--|
| EMAIL ADDRESS | | |
|----------------------|--|--|

| | |
|--|----------------------------------|
| NATIONAL INSURANCE NUMBER: _____ | PASSPORT NUMBER: _____ |
|--|----------------------------------|

| | |
|---|--|
| DRIVING LICENSE NUMBER (Write No if No Current Drivers License Held) | |
|---|--|

| | |
|---|--|
| DRIVING LICENSE GROUPS (Letter codes on front of your photo card) | |
|---|--|

| | |
|------------------------------------|--|
| DRIVING LICENSE EXPIRY DATE | |
|------------------------------------|--|

DETAILS OF ANY ENDORSEMENTS (include codes / dates / circumstances)

| WORK PERMIT | | YES | NO |
|--|--|-----------------------------------|-----------|
| DO YOU REQUIRE A WORK PERMIT FOR THE UNITED KINGDOM? | | | |
| IF YES, DO YOU CURRENTLY POSSES A VALID WORK PERMIT? | | | |
| IF YES, WHEN IS IT DUE TO EXPIRE? | | (DD / MM / YYYY) / / 20 | |
| PLEASE PROVIDE DETAILS OF THE TYPE OF PERMIT THAT YOU POSSESS: eg: SKILLED MIGRANT OR WORKERS REGISTRATION SCHEME: | | | |

| EDUCATION AND TRAINING | |
|---|--|
| Last Place of Education Attended: | |
| Details And Results Of Any Examinations Taken: | |
| Detail Any Craft Or Other Training: | |

| EMPLOYMENT HISTORY | | | | |
|---------------------------|-------------------------------------|-----------------------------|--------------------------|---------------------------|
| From – To: | Name and address of employer | Job Title and Duties | Salary on Leaving | Reason for Leaving |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|--|--|
| Notice Period Required in Current Job: | |
|--|--|

REFERENCES

Please give the name and addresses of two people from whom we may obtain character and work references

| | <u>Reference 1</u> | <u>Reference 2</u> |
|------------------------|--------------------|--------------------|
| Title and Forename(s): | | |
| Surname: | | |
| Company Name: | | |
| Address: | | |
| Town: | | |
| County: | | |
| Postcode: | | |
| Telephone Number: | | |
| Email Address: | | |
| How you know them: | | |

OTHER EMPLOYMENT

Please detail any other employment that you would continue with if you were successful in obtaining this position:

CRIMINAL RECORD

Please detail any criminal convictions, except those spent under the Rehabilitation of Offenders Act 1974:

N.B. Due to the nature of our work as a police vehicle recovery subcontractor, failure to be approved for use by the Police Vetting Process could result in your unsuccessful application or termination of employment.

LEISURE

Please detail your leisure interests:

HEALTH DETAILS

Please give details of any medical conditions past or ongoing that you suffer / suffered from:

Please give details of all health related absences from work in the last 12 months:

DECLARATION – Please read this carefully before signing this application

1. I confirm that all the information given on this application form is complete and correct and that any untrue or misleading information will give McAllisters Recovery Ltd the express right to withdraw any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination if deemed necessary.

Signed:

Date:

Print Name:

FOR OFFICE USE ONLY

First Interview Date:

Second Interview Date:

Next Stage Letter:

- Offer Letter
 Waiting List Letter
 Rejection Letter

Planned Induction Start Date:



EQUAL OPPORTUNITIES MONITORING FORM

PRIVATE & CONFIDENTIAL

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, creed, nationality, ethnicity or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation, gender reassignment, disability or age, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities. All employees are given equal opportunity and are encouraged to progress within the organisation.

We are committed to an ongoing program of action to make the policy fully effective.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information which will be treated in the strictest confidence and used for providing statistics for equal opportunities monitoring only, and will not form part of your application. It will therefore be detached from it on receipt and stored separately.

Thank you for your assistance in completing this tick box form

| Title | Forename(s) | | Surname | |
|---|--|--|--|--|
| | | | | |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Prefer Not To Say | |
| Marital Status | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Civil Partnership | |
| Age Band | <input type="checkbox"/> Under 18 | <input type="checkbox"/> 18 - 29 | <input type="checkbox"/> 30 – 39 | <input type="checkbox"/> 40 – 49 |
| | <input type="checkbox"/> 50 – 59 | <input type="checkbox"/> 60 – 65 | <input type="checkbox"/> Over 65 | |
| Sexual Orientation | <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Homosexual | <input type="checkbox"/> Bisexual | |
| | <input type="checkbox"/> Transsexual | <input type="checkbox"/> Undergone gender reassignment | <input type="checkbox"/> Prefer Not To Say | |
| Disabilities | <input type="checkbox"/> None | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Prefer Not To Say |
| Race / Nationality / Ethnic Origin | | | | |
| White | <input type="checkbox"/> English | <input type="checkbox"/> Scottish | <input type="checkbox"/> Welsh | <input type="checkbox"/> Irish |
| | <input type="checkbox"/> British | <input type="checkbox"/> European | <input type="checkbox"/> Other _____ | |
| Mixed | <input type="checkbox"/> White and Black British | | <input type="checkbox"/> White and Black African | |
| | <input type="checkbox"/> White and Black Caribbean | | <input type="checkbox"/> White and Asian | |
| | <input type="checkbox"/> Black and Asian | | <input type="checkbox"/> Other _____ | |
| Asian | <input type="checkbox"/> British | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| | <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____ | |
| Black | <input type="checkbox"/> British | <input type="checkbox"/> African | <input type="checkbox"/> Caribbean | <input type="checkbox"/> European |
| | | | <input type="checkbox"/> Other _____ | |
| Other | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Prefer Not to Declare Ethnic Origin | |
| Religion | <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Jewish | <input type="checkbox"/> Hindu Buddhist |
| | <input type="checkbox"/> Sikh | <input type="checkbox"/> None | <input type="checkbox"/> Other _____ | |