



Please complete and return this form with a covering letter to:

11 West Street
Bourne
Lincs
PE10 9NB



A career with Countrywide Application for Employment

PERSONAL DETAILS

Position applied for			
Location			
Source of Application			
Mr/Mrs/Miss/Ms			
Surname		Previous Names (if applicable)	
Forenames			
Address			
Telephone (Private)		Mobile	
Telephone (Business)		May we call you here?	
Are you legally eligible for employment in the UK?			YES / NO
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you have a full and current driving licence?	YES / NO	Do you have use of a private car?	YES / NO
Please give details of any endorsements that you have:	Code	Date	No of Points

ADDITIONAL INFORMATION

Have you previously worked for us? If Yes, when?	
Details of any previous applications (dates, positions sought, etc.)	
Salary expectations £ per annum	Other benefits currently received
When would you be available to commence employment?	
Would you be available for training courses away from home?	
Are there any dates that you would be unavailable for interview?	
Do you have any holidays booked? If so, give dates	
Please give details of any hobbies or out-of-work interests that you pursue	

MEDICAL / DISABILITY

Please give details of all absences within the last 2 years		
Date:	No of Days Absent	Reason
We welcome applications regardless of any disabilities, therefore please advise if you have any special requirements in relation to the interview or selection process.		
Have you any medical conditions which may affect you carrying out the role applied for.		
If required, are you prepared to undergo a medical examination and/or complete a detailed health questionnaire?		
As the company operates a no smoking policy, please indicate if you smoke.		<input type="checkbox"/> ◀ Please answer YES or NO in the spaces provided ▶

DECLARATION

I declare that the information contained in this form is to the best of my knowledge, true and complete and acknowledge that if it is false or misleading, this may make any offer of employment invalid or lead to termination of employment	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Signature</td> <td style="border: none; width: 40%;">Date</td> </tr> </table>	Signature	Date
Signature	Date		
<p>DATA PROTECTION ACT 1998</p> <p>The information you supply on this application form and supporting documents will be stored and processed by Countrywide plc. Countrywide plc requires the data for operational, managerial, regulatory and associated purposes related to your employment and processing of your application. All information will be subject to strict security rules and confidentiality.</p>	<p>I give my consent for Countrywide plc to store and process the information I have provided for the purposes as stipulated and to make any further enquiries considered necessary in pursuing my application for employment or during my continued employment with a company of Countrywide plc.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Signature</td> <td style="border: none; width: 40%;">Date</td> </tr> </table>	Signature	Date
Signature	Date		

EDUCATION

PLEASE GIVE DETAILS OF YOUR EDUCATION (continue on a separate sheet if necessary)		
Name and address of educational establishment	Qualifications	Grade

FURTHER EDUCATION, PROFESSIONAL QUALIFICATIONS OR TRAINING COURSES ATTENDED		
Training Provider	Course attended	Qualification

Please use this space to explain why you feel you would be suitable for this position identifying relevant skills/abilities

CAREER HISTORY

An accurate account of the last 10 years (as applicable) of your career history is required, including periods of unemployment. The full names and addresses of all your previous employers (including Recruitment Agencies) are required as references will be taken. If you were self-employed, please give the name and address of the accountant(s), if any, who dealt with your finances, as well as the name of your company. (Continue on a separate sheet if necessary)

Name and address of employer	Dates to include month, year. From: To:	Job Title and Final Salary	Main Responsibilities	Reason for Leaving

EQUAL OPPORTUNITIES FORM

The Company is committed to ensuring that all applicants and staff receive equal consideration on the grounds of their suitability and qualification in relation to recruitment, career development, promotion, etc., irrespective of their marital status, gender, sexuality, age, colour, race, religion, nationality, disability, ethnic or national origins.

To help us ensure that this policy is working effectively and that we maintain those records we are legally required to keep, you are asked to supply the following information. *This form will be filed separately from your personal file and will be used for monitoring purposes only.*

The information you supply on this monitoring form will be stored and processed by Countrywide plc. Countrywide plc requires the data for monitoring purposes as detailed in the above statement. All information will be subject to strict security rules and confidentiality.

I give my consent for Countrywide plc to store and monitor the information I have provided for the above purposes.

Signature

Date

Name

Date

1. Ethnic Group – Please tick the box that you feel applies to you.

I would describe my ethnic origin as:

- | | | | |
|-----------------|--------------------------|-------------|--------------------------|
| Black Caribbean | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black – Other | <input type="checkbox"/> | White | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Other * | <input type="checkbox"/> |

* Please specify _____

2. Nationality (as shown on passport) _____

3. Date of Birth _____

4. Sex

Female Male

5. Marital Status

Married Unmarried

6. No of children _____ Children/s Date/s of Birth _____

Parental leave taken per child _____

7. Disability

A disabled person under the Disability Discrimination Act 1995 is anyone with a “physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities”.

This definition can be broken down to help explain the meaning of disability.

Physical impairment: examples would be blindness, deafness, paralysis of a leg, heart disease and progressive conditions.

Mental impairment: includes a clinical well-recognised mental illness and/or what is commonly known as a learning disability.

Substantial: put simply, this means the effect of the impairment on ability to carry out normal day-to-day activities is more than minor or trivial.

Long term: 12 months, or recurring, or past long term disability.

Normal day-to-day activity: such as washing, eating, catching a bus or turning on a television.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability? _____

THANK YOU FOR COMPLETING THIS FORM. ALL THE INFORMATION WILL BE TREATED IN CONFIDENCE