Application Form



lob Title		
Job Title:		
Surname/Family Name:	Other Names:	
,		
Address:		
Contact number:		
Contact number.		
E-mail:		
Where did you see this job advertis	sed?	
Da vers va maine anno managemente a discatora esta familiata milana		
Do you require any reasonable adjustments for interview?		
What is your current notice period	2	
what is your current notice period		
How many working days have you lost due to illness in the past 24		
months?	lost due to lilless in the past 2 i	
Total No. of days:	Total No. of occasions:	
Debabilitation Of Offerdays Act 1074		
Rehabilitation Of Offenders Act 1974 The provisions of the above Act provide protection to persons with a criminal		
record from being discriminated agains		
dismissal for the reason of a conviction that has been 'spent'.		
Do you have a conviction which has not been 'spent'?		
□ Yes	-	
□ No		

REFEREES		
Name	Relationship to you	
Address		
Tel No	Fax No	
Email		
REFEREE		
Name	Relationship to you	
Address		
Tel No	Fax No	
Email	•	
Please ensure that you have notified your referees that you have provided their information for us to obtain a reference. Referees will not be contacted prior to interview.		
Declaration		
I confirm that, to the best of my knowledge, all the information provided in this application form is correct.		
Signed:	Date:	

Equal Opportunties

Please complete the form on the next page and return it with your application form.

You do not have to complete the form but if you do it will help us to monitor the demographic profile of applicants.

Any information supplied will be kept separate to your application form and will be used for equal opportunities monitoring purposes only.

Equal Opportunties

ChandlerKBS is an equal opportunities practice and is committed to a policy of treating all job applicants fairly. Please provide the information detailed below to assist us in monitoring the effectiveness of our equal opportunities policy. The information provided will be used for monitoring purposes only and will be treated in the strictest confidence.

POSITION APPLIED FOR				
••••••		·······		
GENDER (please tick ag	ainst one of the fo	llowing):		
O Male O Trans/cross-gender	O Female O Do not wish to answer			
MEDICAL INFORMATIO	DN			
Do you have any disabilities? YES/NO				
Have you ever suffered from any serious illness or chronic disease? YES/NO				
Do you have, or have you had, a medical condition that might affect your performance or the duties of the post? YES/NO				
MARITAL STATUS (plea	ase tick against one	e of the following):		
O Single O Married/civil partnership O Divorced O Widowed O Do not wish to answer				
AGE				
O 16-24 O 25-34	O 35-44 O 45	-54 O 55+		
ETHNIC ORIGIN (please	e tick against one c	of the following):		
` ,	O Bangladeshi O Indian O Pakistani O Chinese O Other Asian	O Black African O Black Caribbean O Black (Other) O Mixed Race O Other		