



JOB APPLICATION FORM

Please complete this accurately, giving us as many details as possible of your skills and experiences relating to this job application. Short listing will be based on the information gathering from the form, read in conjunction with the person specification. You will be advised on the outcome of your application in writing.

Please ensure the finished form is emailed to pth@cscinternational.eu by the closing date.

Please print out and complete the form in black ink and BLOCK CAPITALS.

GUIDELINES

Applicants will be treated in the same way whether they are external or internal candidates. Internal candidates should advise their manager that they have applied for another position.

POSITION APPLIED FOR

Job Title

Attraction / Division

Job Reference Number

Where did you see this post advertised?

1. APPLICANT'S DETAILS

Title:	Surname:	First name:

Home address:

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POST CODE:

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Telephone nos: Please include full STD code

Home:

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Work:

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Mobile (*where possible*):

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Email address (where possible):

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Do you hold a current driving licence?	Yes/No
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Are there any restrictions regarding your employment? e.g. do you require a Work Permit?	Yes*/No <i>*If you answer Yes, please supply details on a separate sheet of paper</i>
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How much notice do you need to give to your current employer?	
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2. EMPLOYMENT RECORD

Please start with your most recent employment. Briefly describe the main duties and responsibilities to your post. If you wish to expand on specific areas of responsibility, please do so in *Section 5: Experience/Skills*

2.1. Current/most recent employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Current or final salary:		
Brief description of duties:		
Reason for leaving/changing:		

2.2. Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

2.3. Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

2.4. Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		



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3. EDUCATION

Please tell us about your education and any qualifications which you feel are relevant to the post. Include relevant courses which you are currently undertaking. Please start with the most recent.

Name of school/ college/ university/ training body	Subject studied	Qualification/ Level	Date gained

4. TRAINING

Please list any training you have received or courses which you did not lead to a qualification but which you feel are relevant to the advertising post.

Training Course	Date

5. REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for successful candidates. Testimonials or references from friends and relatives are not acceptable.

1. Name:
Position:
Organisation:
Address:
Tel:
Email:
Fax:



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2. Name:
Position:
Organisation:
Address:
Tel:
Email:
Fax:

Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details on a separate sheet, this should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.
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6. DECLARATION AND SIGNATURE

The information supplied in this application form is accurate to the best of my knowledge.	
..... Signed Date

By signing and returning this application form you consent to CSC International or one of our subsidiary companies using and keeping information about you provided by you – or third parties such as referees – relating to your application or future employment.

This information will be used solely in the recruitment process and will be retained for six months from the date on which you are informed whether you have been invited to interview, or six months from the date of interview. Such information may include details relating to ethnic monitoring and disability: these will be used solely for internal monitoring and will not be disclosed to any third party.

Please return your completed job application and return together with your completed Equality of Opportunity Questionnaire to: pth@cscinternational.eu

Or by post to:

CSC International Limited
Human Resources Department
Units 1&2, Boundary Road
Harfreys Industrial Estate
Great Yarmouth
Norfolk
NR31 0LY
England



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EQUALITIES & DIVERSITY MONITORING QUESTIONNAIRE

Confidential

Monitoring the diversity of our applicants and staff is an essential part of CSC International and our subsidiary companies commitment to Equalities and Diversity, please complete this form and return it with your application form. It is entirely confidential and will not be made available to those involved in short listing or the selection process, or for any purpose other than monitoring and statistical reporting.

1. Date of birth:

2. Gender :

3. Ethnicity:
Please tick the most appropriate box below to describe your ethnic group or origin, this question helps us to identify the ethnic diversity of those applying for vacancies within our organisation. The classifications are those used in the 2001 census and are recommended by the Commission for Racial Equality.

WHITE:

- British
- Irish
- Other White

MIXED:

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

ASIAN OR ASIAN BRITISH:

- Indian
- Pakistani
- Bangladeshi
- Other Asian

BLACK OR BLACK BRITISH

- Black Caribbean
- Black African
- Other Black

CHINESE OR OTHER ETHNIC GROUP:

- Chinese
- Other Ethnic Group

4. Do you consider yourself to have a disability? (CSC International and its subsidiary companies are committed to ensuring that people with disabilities are supported and encouraged to apply for employment with CSC and to achieve progress in that employment. This question helps us to assess our success in achieving this aim).

Yes

No



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If you wish to provide any additional details please do so below:

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NB. The Disability Discrimination Act 1995 defines a disability as:

“a physical or mental impairment which has substantial and long-term (lasting more than 12 months) adverse effect on your day to day living”

5. If you wish you may disclose information about yourself in this section:

Religion:

Sexual Orientation:.....

6. Is there anyone who relies on you for day to day care and attention? (This question is recommended by the Equal Opportunities Commission and will help us review our flexible working policies.)

Yes No

If Yes, are they :

a) Children: aged 0-5 Date(s) of Birth:.....

6-11 Date(s) of Birth:.....

12-18 Date(s) of Birth:.....

and/or

b) A family member / partner (please specify):

.....

This information will be used solely by the HR Department for monitoring purposes and will be treated as confidential.

Thank you for your co-operation