



DOOLEY RUMBLE GROUP LTD

Claydon Business Park

Great Blakenham

Ipswich

Suffolk IP6 ONL

Tel : (01473) 835100

Fax : (01473) 835101

Email: information@dooleyrumble.co.uk

APPLICATION FOR EMPLOYMENT

Position Applied for:	How did you become aware of the vacancy:
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1. PERSONAL

Surname:	First Names:	Title:
Present Address: Post Code:	Nationality:	
	Do you require a visa/ permit to work in UK? YES / NO	
	Visa/ permit No:	
	NI Number:	
Tel (Home):		
Tel (Mobile):		
Current Driving Licence: Yes/No	Type of Licence: Private/Commercial	
Licence No:	If Commercial give class of vehicle:	
Any endorsements? Yes/No If 'Yes' give details:		
Do you have your own Transport: Yes/No		

2. EDUCATION (Most Recent First)

Educational History	Period Studied	Qualifications/ Examination subjects Passed
<i>e.g. Ipswich High School, Ipswich, Suffolk</i>	<i>e.g. 5 years</i>	<i>e.g. Maths, English, Chemistry & History</i>

Educational History Continued.	Period Studied	Qualifications/ Examination subjects Passed
Professional Membership and Qualifications:		
Other Relevant Courses (<i>Course Name, Date & any certificates gained etc</i>):		

3 AVAILABILITY TO WORK

Notice Period:	Please list any Holiday Commitments
<p>Is there any other reason why you would not be able to start work immediately if you were offered the job you have applied for? YES/ NO</p> <p>If yes please give details</p>	

4. EMPLOYMENT HISTORY

CURRENT / MOST RECENT EMPLOYMENT	
Name and Address of Employer and Nature of Business: Telephone No:	Period of Employment: <i>e.g. 3years 6 months</i>
Position Held:	Current Salary: Other Benefits:
Reason for Leaving:	

CURRENT / MOST RECENT EMPLOYMENT (Continued)		
Please detail your duties and responsibilities:		
PREVIOUS EMPLOYMENT (Most Recent First)		
Name and Address of Employer and Nature of Business:		Position Held and Brief Description of Duties
Telephone No:		
Period of Employment: <i>e.g. 3 years, 6 months</i>	Leaving Salary:	Reason for Leaving:
Name and Address of Employer and Nature of Business:		Position Held and Brief Description of Duties
Telephone No:		
Period of Employment: <i>e.g. 3 years, 6 months</i>	Leaving Salary:	Reason for Leaving:
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Name and Address of Employer and Nature of Business:		Position Held and Brief Description of Duties
Telephone No:		
Period of Employment: <i>e.g. 3 years, 6 months</i>	Leaving Salary:	Reason for Leaving:

5. ADDITIONAL DETAILS

Add anything further to support your application (eg particular skills, qualifications, experience etc)

6. INTERESTS

Please give details of hobbies, sports, interests:

7. GENERAL INFORMATION

Are you currently employed: YES / NO		
If No please indicate details:		
Do you have any part time, 'second job' or evening jobs which you intend to continue: YES / NO		
If Yes please give details:		
Have you applied to the Company Before: YES / NO	If yes, for which post?	When?
Have you worked for this Company before: YES / NO	Give Dates/Job:	
If yes, was this permanent or temporary (agency)?		

Do you have friends or relatives with the company: YES/ NO	If yes, give names/relationship:
Are you willing to travel during the course of your employment: YES / NO If No please indicate reasons/ give details:	
Have you ever been dismissed by an employer? YES / NO If Yes please indicate the reason for your dismissal:	
Do you have criminal convictions that have occurred during the past 5 years: YES / NO If Yes please give details: (Note You do not have to disclose any offence which is a spent offence under the Rehabilitation of Offenders Act 1974)	
Have you been convicted of a crime that has resulted in a prison sentence: YES / NO If Yes please give details (Note You do not have to disclose any offence which is a spent offence under the Rehabilitation of Offenders Act 1974)	
Are you legally eligible to live and work in the UK in accordance with the Asylum and Immigration Act 1996: YES / NO	
Would you be willing to undergo a medical examination with a nominated Company Doctor?: YES / NO	

9. REFERENCES

Please give details of two people we can contact who are willing to give you a reference and who are not related to you:	
Name: Occupation: Address: Telephone No: How do you know this person?	Name: Occupation: Address: Telephone No: How do you know this person?

10. DECLARATION

I declare that the information I have given on this form is correct and that any misrepresentation by me may be sufficient grounds for my dismissal if I am employee. I give my permission for my previous employer(s) and/ or any references given to be contacted.

Signed by Applicant: Date:

Consent under the Data Protection Act 1998 – the information given to Dooley Rumble Group Ltd in this form will be processed only by Dooley Rumble Group Ltd for the purpose of considering your application for employment. If you are successful in your application this form and the information in it will be retained in your HR file for such time as you are an employee of Dooley Rumble Group Ltd and for up to 6 years after the end of your employment. Other wise this form will only be retained by Dooley Rumble Group Ltd for so long as it is required in connection for you application. By signing this consent you give us your express consent to retain and process all the information contained in this form and to transfer it to countries outside the European Economic area, if required.

Signed by Applicant: Date:

EQUAL OPPORTUNITIES MONITORING FORM

This company is committed to the successful development of an equal opportunity policy in relation to the recruitment and selection of staff. To assist in the implementation and monitoring of this policy, this company requests employment applicants to voluntarily provide the information below.

Ethnic Origin (Voluntary Information)

Name:	
Position Applied For:	
Location:	
1. I would describe my race or cultural origin as: (please tick appropriate box only)	
<input type="checkbox"/> Arab or Middle Eastern Descent	<input type="checkbox"/> Black Other
<input type="checkbox"/> Asian Bangladeshi	<input type="checkbox"/> Chinese
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> White British
<input type="checkbox"/> Asian Other	<input type="checkbox"/> White Irish
<input type="checkbox"/> Black African	<input type="checkbox"/> White Other (Please Describe)
<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Do Not Wish to State Ethnic Origin
<input type="checkbox"/> Black British	
2. My Gender is: (Please tick the appropriate box only)	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
3. My Age is: (Please tick the appropriate box only)	
<input type="checkbox"/> 16-19	<input type="checkbox"/> 40-49
<input type="checkbox"/> 20-29	<input type="checkbox"/> 50-59
<input type="checkbox"/> 30-39	<input type="checkbox"/> 60+
4. Are you a person with a disability: Yes / No	
If yes, are you registered? Yes / No	
If you are registered, please provide your register number:	