A picture containing font, logo, graphics, design

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**ASHBRIGHT AGENCY LTD**

Staff Application Form

#### Please complete this form in BOLD black ink and complete all sections

|  |  |
| --- | --- |
| Applicant’s Full Name: |  |
| Position Applied for: |  |

Photograph Box

Please provide a current picture of yourself and we will add it to this section

Data Protection & GDPR Statement

The personal information (data) collected on this form, and on any other documents associated with this form (which includes the collection of sensitive personal data) is required for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Company to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose. Please request a copy of our Privacy Policy for further details.

#### Equal Opportunity Statement

The Company’s Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, sex, ethnic origin, nationality, colour, religious persuasion or belief, cultural or linguistic background, marital status, sexual orientation, disability, or offending background.

**Please Note:**

This document may be backed up with a Curriculum Vitae (CV) but **must be completed** without exception, as a CV on its own does not constitute an application for employment.

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| Personal Details: | | | | | | | |
| First Names: | |  | | | | | |
| Surname: | |  | | | | | |
| Maiden Name: | |  | | | | | |
| Previous Names: | |  | | | | | |
| Marital Status: | |  | | | | | |
| Gender: | |  | | | | | |
| Place of Birth: | |  | | | | | |
| Date of birth | |  | | | | | |
| Nationality | |  | | | | | |
| NI Number | |  | | | | | |
| Telephone: | Home: | | | Work: | | Mobile : | |
|  | | |  | |  | |
| Email : |  | | | | | | |
| Address : |  | | | | | | |
| May we contact you at work? | Yes No *Please tick as appropriate* | | | | | | |
| Formal Education & Qualifications: | | | | | | | |
| Secondary Education  Name of School/College and full address:  *(Include education in other countries if appropriate):* | | |  | | | | |
| Further/Higher Education  Name of School, College/University, and full address *(Include education in other countries if appropriate):*  **and Location** | | | Course of Study/Qualification(s) gained e.g. GCSE’s, “A” levels, NVQ, Degree etc. | | | | Year qualification (s) obtained: |
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| Next of Kin: | | | | | | | |
| Name:  Address:  Relationship: | | | | | Tel:  Mobile:  Email: | | |
| General Health: | | | | | | | |
| Are you in good health?  Yes No *Please tick as appropriate*  If No, please give brief details. | | | | | Have you ever had any serious illness or injury?  Yes No *Please tick as appropriate*  If Yes, please give brief details. | | |

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| Are you a United Kingdom (UK), European Community (EC), European Economic Area (EEA) National | Yes | No |
| \*If no, please detail your current immigration status and the relevant visa currently held (including Visa number) | | |
| Are you related to any of our current members of staff or Service Users? | Yes | No |
| **Equality Act 2010 -** Under the Equality Act 2010, the definition of disability is if you have a physical or mental impairment that has a “substantial” and “long-term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-](http://www.gov.uk/definition-of-disability-under-equality-act-) 2010. | | |
| Are you related to any of our current members of staff or Service Users? | Yes | No |
| If yes, please provide details of any clients or relatives employed by the Company and their relationship to you. |  | |
| For the purposes of this application and interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process? | Yes No | |
| If yes, please provide details. | | |

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| Employment History - from Full-Time Education:*(Attach extra sheets if necessary)**If there are “gaps” in the employment history, please complete the sheet entitled “Gaps in Employment History”* | | | | | | | |
| Name, Address and Phone Number of each Employer  Please begin with the current or most recent employer | | Dates of Employment: | | | Position held and brief summary of duties and responsibilities: | | Reason for leaving:  Last salary or wage: |
| From: | To: | |
| Month/Year | Month/Year | |
| Current or most recent Employer | |  |  | |  | |  |
|  | |  |  | |  | |  |
| Previous Employer No. 1  Company Name:  Address:  Telephone Number:  Email address | |  |  | |  | |  |
| Previous Employer No. 2  Company Name:  Address:  Telephone Number:  Email Address:  Previous Employer No. 2  Company Name:  Address:  Telephone Number:  Email Address | |  |  | |  | |  |
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| References:References are normally taken up for candidates selected after interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer.Character References will be pursued if work related appropriate. | | | | | | | |
| Name, Address and Phone Number of Your Current Employer (or your last employer if currently unemployed or self-employed): | | | | Name, Address and Phone Number of Your Previous Employer: | | | |
| Company Name:  Address:  Telephone Number  Email Address: | | | | Company Name:  Address:  Telephone Number: | | | |
| Person in Company to Contact: | Name:  Position: | | | Person in Company to Contact: | | Name:  Position: | |
| May we contact the above person now?  Yes No *Please tick as appropriate*  Sign | | | | May we contact the above person now?  Yes No *Please tick as appropriate*  Sign | | | |
| Driver’s Licence: | | | | | | | |
| Do you hold a valid and current British Driver’s Licence?  Yes No *Please tick as appropriate*  If Yes, what type? (E.g. Provisional, Full, LGV, PCV)  Driver’s License:  Do you have any endorsements?  Yes No *Please tick as appropriate*  If Yes, please give details below | | | | | | | |
| Additional Information:Give details of any additional information which you would like to include in support of your application. Such information should include for example, skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for. | | | | | | | |
|  | | | | | | | |
| Do you have to give notice to any present Employer?  Yes No *Please tick as appropriate*  If Yes, how much notice do you have to give?  From what date would you be available to start work?  If applying from abroad, given an opportunity, will you be willing to relocate to United Kingdom?  Yes No *Please tick as appropriate* | | | | | | | |

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| Rehabilitation of Offenders Act: |
| As a rule, no-one needs answer questions about spent convictions. However, this general rule does not apply to specified professions, employments, and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:   1. any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or 2. any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties   One or both of the above apply to your possible work with us and covers all occupations.  You are therefore requested to provide details of all convictions, including those which would otherwise be considered as “spent”. *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.* Records will be checked via the Disclosure & Barring Service procedure *Please tick as appropriate*  **I have no convictions None I have convictions (see Note below)**  Note:  (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential – Criminal Convictions” and attach this to your completed Application Form) |
| Criminal Records – Disclosure Certificate: |
| The Disclosure and Barring Service (DBS) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be “spent”, as well as details of cautions, reprimands, or final warnings. The certificate requested is for an ‘Enhanced Certificate ’you are being asked to give your approval to this application. The Disclosure Certificate will only be requested if you are successful in your application for employment. |
| **Immigration, Asylum & Nationality Act 2006:** |
| Under the Act a person commits an offence if he employs another (“the employee”) knowing that the employee is an adult subject to immigration control and that: —  (a)he has not been granted leave to enter or remain in the United Kingdom, or  (b)his leave to enter or remain in the United Kingdom: —  (i)is invalid,  (ii)has ceased to have effect (whether by reason of curtailment, revocation, cancellation,  passage of time or otherwise), or  (iii)is subject to a condition preventing him from accepting the employment.  Any employment offered will be subject to the successful applicant producing appropriate evidence that the Act is not being contravened.  *Please tick as appropriate*  **Are you eligible to work in the UK? Yes**  **No** |
| **Statement of Confidentiality:** |
| ……… ……………………………………………………………………………………………………………………………………………………………………….  (please fill in your name) give **Ashbright Agency LTD, 1000 Great west Road, Brentford, TW8 9DW**  (“The Company”) my solemn undertaking that, from the date my employment with the company commences, I shall not disclose to any unauthorised person or use any confidential information relating to the business affairs or trade secrets of the company. This includes but is not limited to: -   * The Companies Policies and procedures * Any company documentation * Official records * Product Literature * All details relating to information on the company’s database, including details of staff * All information concerning the Company’s Clients actual, potential, or past * Any Other information, for example, sales in progress, financial performance   This undertaking shall continue without limit in point of time.  I further undertake that as from the said date I will not deal with or attempt to solicit business from any client for the company with whom I had business dealings during the period of one year prior to the termination of my employment; nor will I attempt to interfere with the existing business relations between any client and the company.  The above undertakings are given without prejudice to the rights of the company accrued at the date of termination.  **Signed: Date:** |
| **Personal Declaration:** I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and  * I give permission for enquiries to be made to confirm such matters as qualifications. experience and dates of employment, and I give permission for the release by other people or organisations of such information as may be necessary for that purpose. * I give permission for the processing of personal data contained in this form for employment purposes. * I understand that any false or misleading information could result in my dismissal.   **Signed: Date:** |

Thank you for taking the time to complete our application form

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| For Office Use Only: | | |
|  | | Signature: |
| Date Application received: |  |  |
| Date Application acknowledged: |  |  |
| Initial Decision: |  |  |
| Date Applicant informed: |  |  |
| Date(s) of Interview: |  |  |
| Decision: |  |  |
| Interviewer Notes on Application Form: | | | |
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