

HYPERAMA WHOLESALE

HYPERAMA BUILDINGS, BULL CLOSE ROAD, LENTON INDUSTRIAL ESTATE, NOTTINGHAM NG7 2UT, TEL: 0115 9851301 FAX: 0115 9350342
CYGNUS 6, RICHMOND STREET, WEST BROMWICH, B70 0DD, TEL: 0121 5220300 FAX: 0121 5220320
PADHOLME ROAD EAST, PETERBOROUGH, CAMBRIDGE, PE1 5XL, TEL: 01733 865 760 FAX: 01733 865 761

TITLE:	FORENAME:	SURNAME:
ADDRESS:	TELEPHONE NUMBER	
	HOME:	
	MOBILE:	
NATIONAL INSURANCE NUMBER:		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UK IN ACCORDANCE WITH IMMIGRATION, ASYLUM NATIONALITY ACT 2009 YES <input type="checkbox"/> NO <input type="checkbox"/>		
DO YOU HAVE PROOF OF YOUR ELIGIBILITY TO WORK IN THE UK?	YES <input type="checkbox"/>	NO <input type="checkbox"/> IF YES ATTACH
POSITION APPLIED FOR: _____		
LOCATION:	NOTTINGHAM <input type="checkbox"/>	WEST BROMWICH <input type="checkbox"/> PETERBOROUGH <input type="checkbox"/>
HOURS OF WORK:	FULL TIME	PART TIME PLEASE SPECIFY PART TIME HOURS:
DO YOU HOLD A CLEAN CURRENT DRIVING LICENCE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HOW WOULD YOU TRAVEL TO WORK? _____		
DO YOU KNOW ANYONE WHO HAS PREVIOUSLY WORKED FOR HYPERAMA PLC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PLEASE STATE WHETHER YOU HAVE ANY SPECIFIC REQUIREMENTS OR REQUIRE ANY ADJUSTMENTS IN ORDER TO ATTEND THE INTERVIEW OR EMPLOYMENT. _____ _____ _____ _____ _____ _____		

ARE YOU ABLE TO COPE WITH LIFTING UP TO 25Kg, CARRYING, HANDLING, REACHING AND CLIMBING WHICH MIGHT BE INVOLVED IN THE JOB YOU HAVE APPLIED FOR? YES NO

PLEASE CONFIRM WHETHER YOU HAVE ANY PHYSICAL OR MENTAL IMPAIRMENT WHICH HAS AN IMPACT ON YOUR ABILITY TO CARRY OUT DAY-TO-DAY ACTIVITIES OR WHICH MAY BE A "DISABILITY" WITHIN THE MEANING OF THE DISABILITY DISCRIMINATION ACT 1995 (AS AMENDED)

DOCTORS NAME:

DOCTORS CONTACT NUMBER:

DOCTORS ADDRESS:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT NUMBER:

WITHIN THE TERMS OF THE REHABILITATION OF OFFENDERS ACT 1974 HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES NO

IF APPLICABLE, DO YOU CONSENT TO THE COMPANY REQUESTING AN APPROPRIATE DISCLOSURE FROM THE CRIMINAL RECORDS BUREAU (CRB) TO OBTAIN A CERTIFICATE OR ANY CRIMINAL RECORDS YOU MAY HAVE? YES NO

IF APPLICABLE, DO YOU HAVE ANY DRIVING OFFENCES CURRENTLY UNDER ENDORSEMENT? YES NO

EDUCATION

SCHOOL / ESTABLISHMENT	DATES FROM / TO	QUALIFICATIONS / GRADES OBTAINED

ANY RELEVANT TRAINING COURSES ATTENDED:

ANY CERTIFICATES ETC OBTAINED:

EMPLOYMENT HISTORY

NAME OF YOUR PRESENT OR MOST RECENT EMPLOYER:

ADDRESS:

TELEPHONE NUMBER:

START DATE:

LEAVING DATE:

TYPE OF BUSINESS:

DESCRIBE KEY DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

NAME OF YOUR EMPLOYER:

ADDRESS:

TELEPHONE NUMBER:

START DATE:

LEAVING DATE:

TYPE OF BUSINESS:

DESCRIBE KEY DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

NAME OF YOUR EMPLOYER:

ADDRESS:

TELEPHONE NUMBER:

START DATE:

LEAVING DATE:

TYPE OF BUSINESS:

DESCRIBE KEY DUTIES AND RESPONSIBILITIES;

REASON FOR LEAVING:

REFERENCES

PLEASE PROVIDE TWO REFERENCES, PREFERABLY EMPLOYERS WE MAY CONTACT WITH REGARD TO YOUR APPLICATION. HAVE YOU ANY OBJECTION TO THESE REFERENCES BEING OBTAINED PRIOR TO INTERVIEW?

YES NO

NAME:

OCCUPATION:

ADDRESS:

NAME:

OCCUPATION:

ADDRESS:

TELEPHONE NUMBER:

CAPACITY KNOWN TO YOU:

TELEPHONE NUMBER:

CAPACITY KNOWN TO YOU:

DECLARATION

I DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DETAILS I HAVE GIVEN ON THE FORM ARE CORRECT AND THAT ANY MISREPRESENTATION BY ME WILL BE SUFFICIENT GROUNDS FOR MY DISMISSAL IF I AM EMPLOYED
I UNDERSTAND THAT THE COMPANY HAS THE RIGHT TO CHECK ON ANY EXPERIENCE, ACHIEVEMENTS, QUALIFICATIONS AND SKILLS CLAIMED BY ME ON THIS FORM OR AT AN INTERVIEW AND AGREE THAT SUCH CHECKS MAY BE MADE BY THE COMPANY.

I GIVE PERMISSION FOR ALL REFERENCES AS QUOTED ABOVE TO BE CONTACTED AND UNDERSTAND THAT ANY OFFER WILL BE SUBJECT TO RECEIPT OF SATISFACTORY REFERENCES, A PROBATIONARY PERIOD AND (IF REQUIRED) A SATISFACTORY MEDICAL REPORT.

I UNDERSTAND THAT THE COMPANY NEEDS TO COLLECT AND USE CERTAIN TYPES OF INFORMATION ABOUT EMPLOYEES IN ORDER TO OPERATE ITS BUSINESS AND TO FULFIL ITS LEGAL OBLIGATIONS UNDER THE DATA PROTECTION ACT 1998 AND THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION FORM WILL BE DURING THE RECRUITMENT PROCESS AND IF APPOINTED WILL BE USED AS PART OF MY PERSONAL RECORDS.

I CONSENT TO THE COMPANY HOLDING SUCH INFORMATION ON FILE ONLY FOR AS LONG AS IT CONSIDERS NECESSARY TO FULFIL THE PURPOSE FOR WHICH IT WAS OBTAINED AND TO PROCESS (INCLUDING DISPOSING AND DESTROYING) IT IN ACCORDANCE WITH THE EIGHT DATA PROTECTION PRINCIPLES AND THE OTHER REQUIREMENTS OF THE ACT AND ANY OTHER PROCEDURES LAID DOWN BY THE COMPANY FOR THIS PURPOSE FROM TIME TO TIME.

SIGNED:

DATE:

ADDITIONAL INFORMATION

PLEASE SUPPLY ANY ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION BELOW.

FOR HR USE ONLY

INTERVIEW NOTES