

ARUNDALE

APPLICATION FOR EMPLOYMENT

Part 1

Please print clearly, in black ink.

| | |
|--|---|
| Application for the post of Dealership Department Advertisement Ref. No. | |
| Surname | Initials |
| Address | Can you be contacted by telephone ? Yes / No If yes : Daytime Tel. No. Evening Tel. No. |
| Where did you learn of this post ? | |
| Do hold a full driving licence ? Yes / No If yes, how long ? Do you own a car ? Yes / No | |
| Details of any endorsements or motoring convictions : | |

Please provide details of your education :

| Dates from | to | School, College University | Examinations passed (dates, subjects and grades) |
|------------|----|----------------------------|--|
| | | | |

Please give details of any training, qualifications and membership of professional associations :

| Dates from | to | Firm, College, Institute etc. | Type of training (eg apprenticeship, course of study, YT) | Qualifications gained (subjects & grades) |
|------------|----|-------------------------------|---|---|
| | | | | |

Please indicate below any previous and present employment, starting with your most recent employment
(if necessary continue on a separate sheet) :

| Dates from | to | Employers' name, address & nature of business | Job Title | Brief description of duties | Reason for leaving |
|------------|----|---|-----------|-----------------------------|--------------------|
| | | | | | |

If you are currently working, please state your present salary and grade :

If you are currently working, please state the length of notice required by your employer :

WORK EXPERIENCE :

Please give details of your present/past work experience and its relevance to your application for this post (continue on a separate sheet if necessary) :

OTHER EXPERIENCE

Please use this space to include any other information about your non-employment experience and interests (continue on a separate sheet if necessary) :

HEALTH

1. If you have been absent from work, school, college or university because of illness for more than 10 days in the last two years, please briefly describe the reason(s) :

2. I normally enjoy good health and I am not aware of having any health problems relevant to the post for which I am applying.

Signed
(If you are not able to confirm this, please explain why in a separate note)

RE-HABILITATION OF OFFENDERS ACT

If you have no convictions, simply enter "NIL". If, however you have been convicted of a criminal offence, the details must be listed. Spent convictions should not be included and you should simply enter "NIL".

| Date of conviction | Offence | Sentence (including suspended sentence) |
|--------------------|---------|---|
| | | |

PERSONAL INTERESTS

Do you have any financial, business or other personal interests which may conflict with carrying out the duties of this post ?

Yes

No

REFERENCES

Please give the name and occupation, address and telephone number of two people who have agreed to supply references. They should not be related to you and should include your present or most recent employer (or if you are a student, your school or college).

*Present/most recent employer (or school/college)**Second referee*

Name

Name

Occupation

Occupation (if appropriate)

Address

Address

.....

.....

.....

.....

Tel. No.

Tel. No.

May this referee be approached prior to interview ? YES / NO

May this referee be approached prior to interview ? YES / NO

If you are known to either referee under a different name, please specify :

I declare that to the best of my knowledge the information given on this form is true and correct and can be treated as part of my subsequent contract of employment.

Signature

Date

Please ensure that you complete and return Part 2, "Equal Opportunities" with your application.

Official use only :

| | |
|---|---|
| Select for interview : <p style="text-align: center;">Yes / No</p> | Reason : |
| Date of interview 1 : Interviewer(s) : Result : | Date of interview 2 : Interviewer(s) : Result : |
| Employment offered : <p style="text-align: center;">Yes / No</p> | Reason : |
| Signed : Date : | |

Part 2

ALL APPLICANTS SHOULD COMPLETE THIS FORM

Private and Confidential

ARUNDALE

EQUAL OPPORTUNITIES

The Arundale Group is committed to a policy of equal opportunity. The aim of the policy is to ensure that no job applicant or employee should receive less favourable treatment on grounds of age, race, nationality, ethnic origins, creed, disability, sexual orientation, gender, marital, or parental status, political belief or social or economic class, or any other criteria which cannot be shown to be justifiable. In order to monitor the effectiveness of this policy, all applicants for employment are asked to complete this form. This form is retained at Group Head office. The information on this form will not be used for short-listing or making appointments.

| | | | | | | | | | |
|--|---------------|------------------|--------------------|----------------|------------|--------|----------------|-----------|-------|
| Post applied for : | Ref. No. : | | | | | | | | |
| Dealership : | Department : | | | | | | | | |
| Surname Miss / Mrs / Ms / Mr | Forename(s) : | | | | | | | | |
| Sex : Female / Male | Age : | | | | | | | | |
| Personal Status : Single / Married / Permanent Partnership / Divorced / Widowed | | | | | | | | | |
| DISABLED | | | | | | | | | |
| (a) Are you disabled ? | Yes / No | | | | | | | | |
| If yes, state nature of disability : | | | | | | | | | |
| (b) Are you a registered disabled person ? | Yes / No | | | | | | | | |
| If yes, please state your registration number | | | | | | | | | |
| ETHNIC ORIGIN | | | | | | | | | |
| Which one of the following groups do you feel most adequately describes your ethnic origin ? | | | | | | | | | |
| Asian Other | Bangladeshi | Black African | Black Caribbean | Black Other | Chinese | Indian | Other Group | Pakistani | White |
| Other (please specify) | | | | | | | | | |
| Signature | | | | | Date | | | | |