

## APPLICATION FOR EMPLOYMENT CONFIDENTIAL

*Please read the application form fully before completing in full. CVs will be accepted as an additional information document. Please use **black ink and capitals** where required or typed script, and return to the, HR Manager at the above address. **Please note that if you have not had any correspondence within 4 weeks of applying for the position, your application has been unsuccessful.***

### VACANCY DETAILS

Job Reference No:	Post Title:
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### PERSONAL DETAILS

*For the purpose of Equal Opportunities monitoring PLEASE DO NOT state First Names in this section*

Initials:	Surname:
Permanent Address:	
Post Code:	
Address for Correspondence (if different)	
Post Code:	
Telephone Home/Mobile:	Work:

Do you hold a valid Full Driving Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>OFFICIAL USE ONLY</b>			
Reference Letter	Date	Job Title:	
Interview Letter	Date	Department:	Hourly/Weekly/Monthly
Letter of Appointment	Date	Clock Number:	
Start Date		Hours:	Shift:
Rate of Pay:		Grade:	
Signed:		Date:	
Wages Dept:	Date:	Tx wk:	Hols:

## EDUCATION

Qualifications attained at Secondary School

Examining Body	Subject/Module	Grade	Pass Date

Qualifications obtained at Further/Higher/Vocational Training (post Secondary Education)

College/University/Other (Name & Address)	Dates (From - To)	Full/Part Time/Evening Class/Day Release	Qualifications Obtained

Formal/Professional Training or Apprenticeships

Details	Dates (From - To)

Membership of Any Professional Association/Details of any Military Reserve Listings.

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## EMPLOYMENT

### Present/Most Recent Employer

Employer's Name & Address	Date Employment Commenced	Date Employment Ceased (if relevant)
	Job Title	
	Present Salary/Wage	Notice Required
Employer's Business	Reason for Leaving	
Full Description of Duties		

**Previous Employment** *(include all employment since leaving full time education, whether full/part time or temporary, continue on spare sheet if necessary)*

Employer's Name & Address	Date Employment Commenced	Date Employment Ceased
	Job Title	
Employer's Business	Salary/Wage	Reason for Leaving
Full Description of Duties		

**Previous Employment (cont...)**

Employer's Name & Address	Date Employment Commenced	Date Employment Ceased
	Job Title	
Employer's Business	Salary/Wage	Reason for Leaving
Full Description of Duties		

Employer's Name & Address	Date Employment Commenced	Date Employment Ceased
	Job Title	
Employer's Business	Salary/Wage	Reason for Leaving
Full Description of Duties		



## REFERENCES

Please note, only references from current and previous employers will normally be accepted. Where such referees are not supplied, educational references will be accepted, or an other professional references as appropriate. References from colleagues, friends, relatives, clients, etc. will not be accepted.

### 1. Present/Previous Employer

Title <i>*Mr/Mrs/Miss/Ms</i> <i>*Delete as appropriate</i>	Full Name
Position:	
Business Address:	<i>Can we contact this referee without gaining your permission?</i>  *YES/NO  <i>*Delete as appropriate</i>
Business Telephone Number:	

### 2. Professional Referee

Title <i>*Mr/Mrs/Miss/Ms</i> <i>*Delete as appropriate</i>	Full Name
Position:	
Business Address:	<i>Can we contact this referee without gaining your permission?</i>  *YES/NO  <i>*Delete as appropriate</i>
Business Telephone Number:	

## DECLARATION

I declare that all the statements are true and complete to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*"Information you have supplied to Matrix International may be held on computer or in manual records. Matrix International complies with and supports the Principles of the Data Protection Act 1998."*

Registration No: 3690656 England  
Registered Office: 317-319 Amphill Road, Bedford, England, MK42 9RD

## MEDICAL HISTORY

<b>Please state your condition of health:</b>
<b>Have you ever suffered from an industrial disease?</b>
<b>Name and address of current Doctor:</b>

## GENERAL INFORMATION

<b>How would you travel to Matrix?</b>
<b>Do you have access to a vehicle?</b>
<b>What shifts would you prefer?</b>
<b>Have you worked for Matrix or its companies before?</b>
<b>Do you have a relative who works with the Company?</b>
<b>Other relevant information to support your application:</b>

Sizes for Personal Protective Equipment.

Height:

Shoe Size:

Waist Measurement:

Boiler suit  Coat  Trousers  **Tick your preference**

## EQUAL OPPORTUNITIES MONITORING

*Matrix International aims to ensure that all applicants for vacancies are given equal consideration irrespective of ethnic origin, nationality, sex, marital status or disability. Matrix does not tolerate any form of discrimination.*

*The information requested on these pages will only be used for Equal Opportunity Monitoring purposes. The information is confidential and will not be available to those managers selecting candidates for interview or at any stage during the recruitment and selection process.*

Surname		First Names (in full)
Previous Surnames		
Permanent Address		Date of Birth
		Town & Country of Birth
Post Code	Post Applied for	Ref No of post applied for

**What is your ethnic group?**

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

**A White**

Scottish

Other British:

English

Welsh

Other, please write in

Irish

Any other White background, please write in

**B Mixed**

Any Mixed background, please write in

**C Asian, Asian Scottish, Asian English, Asian Welsh, or other Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please write in

**D Black, Black Scottish, Black English, Black Welsh, or other Black British**

Caribbean

African

Any other Black background, please write in

**E Other ethnic background**

Any other background, please write in

Please tick the boxes that apply to you

**RESTRICTED**

**Gender**

Female  Male

**Marital Status**

Divorced  Married

Partner  Widowed

Separated  Single

**Nationality**

EC (European Community)

Non-EC

**If Non-EC, do you hold a current Work Permit?**

Yes  No

**Disability**

I do not have a disability

I have a disability  Please specify .....

Do you have any special requirements if called to interview?  
.....

Where did you hear about this vacancy,  
e.g. newspaper, friend, Job Centre, etc?  
.....

***In case of emergency please provide the following details:***

Emergency Contact:	Tel No:
	Mobile: