APPLICATION FORM - Confidential



PLEASE USE **BLOCK CAPITALS** TO **COMPLETE ALL SECTIONS** OF THE APPLICATION FORM AND CONTINUE ON SEPARATE SHEET(S) IF SPACE IS INADEQUATE.

42 Bridge Road Park Gate Southampton Hants SO31 7GF Phone: 01489 885305 recruitment@everettspharmacy.co.uk

VACANCY DETAILS					
Vacancy Reference No (From Vacar	icy Advert):				
Vacancy Job Title:		Branch :			
Vacancy Days/Hours:					
PERSONAL DETAILS					
Forename(s):		Surname:			
Address:					
		Postcode:			
*Telephone:		* Mobile:			
*Email;					
(*Please note we prefer to use teleph	none or Email in order to contact yo	u regarding the progress of	your application)		
Oo you have a driving licence?		YES NO	YES NO		
Do you have a car?		YES NO			
If you have a driving licence is it:		PROVISIONAL FULL HGV			
Have you, or any relative, ever worke	ed for this organisation before?	YES NO			
riave year, or any relative, ever work	ou for this organisation before:	120			
How did you learn of this vacancy? (i.e. please state In Branch Poster/E	veretts Website/Job Centre	/Word of Mouth etc)		
EDUCATION DETAILS Please give details of all secondary e Schools/Colleges /Dates:	education including Examinations ta Courses/Exams/ Dates:	aken (with Results).	*Qualifications obtained / Dates:		
State any other achievements during	education.				
Please be prepared to provide qualif	ication certificates. etc.				

	ner Education / Vocational / Professional Course ses, Work/ Company training courses etc).	
University/FE College/Work Place/Dates:	Courses/Exams /Dates:	Qualifications obtained/Dates:
Please be prepared to provide copies of qualificati	on certificates / confirmation of studies/training	courses. etc.
PUBLIC OR VOLUNTARY COMMI Please give details of membership of any public or		me commitment entailed.
EMPLOYMENT DETAILS		
achievements that might help us assess your suita backwards. Please also detail any gaps between e	bility for the job for which you are applying, star	ou wish to detail previous relevant experience) /ke rting with the most recent employment and working
CURRENT/LAST EMPLOYER Name:	Dates From - To:	
Address:		
	Postcode:	
*Name to contact for reference:	Telephone:	
Email Address for employment reference:		
*Please note that we will not contact your present receipt of satisfactory references. It is our policy to		on. However, any job offer made will be subject to
May we contact your current employer for a refere	nce? YES NO	
Position(s) held:	Salary/Wage:	
Outline of duties/responsibilities/key achievements	:	
Reason for leaving:		
Notice period (if current employer):		
Notice period (if current employer): Does your current contract of employment contain or soliciting its customers after you have left?	any restrictions that prevent you from competin	ng with your current employer

PREVIOUS EMPLOYER	
Name:	Dates From-To:
Address:	Postcode:
Contact for reference:	Telephone:
May we contact for a reference:	YES NO
Position(s) held:	Salary/Wage:
Outline of duties/key achievements:	
Reason for leaving:	
PREVIOUS EMPLOYER	
Name:	Dates From-To:
Address:	Postcode:
Contact for reference:	Telephone:
May we contact for a reference:	YES NO
Position(s) held:	Salary/Wage:
Outline of duties/key achievements:	
Reason for leaving:	
Please continue on a separate sheet of paper if necessary (to detail a	minimum of 5 years of employment or if other relevant employment).
EMPLOYMENT GAPS Please give details of any gaps between employment (minimum of last 5 voluntary / work experience)	years – more if you wish to detail previous relevant experience i.e.
Dates From-To:	
Details of employment gap/s (i.e. unemployed & seeking employment/carir	ng responsibilities/voluntary work etc)
Please continue on a separate sheet of paper if necessary (to detail a you consider relevant i.e. experience / skills and abilities etc).	minimum of 5 years of employment or to add any other information
HOURS AND DAYS YOU WISH TO WORK	
For each day of the week, please write the time you can/wis	sh to work.
Please indicate the earliest time you can start and the lates	
MON am pm	ED am pm
THU am pm	AT ampm SUN ampm
Please indicate the maximum hours you wish/can work eac	h week hrs.
INTERESTS, HOBBIES AND SPORTS Please give details of your spare time interests / hobbies / social clubs inclon.	uding details of membership of bodies, committees, voluntary work and so

HEALTH						
Do you need any adjustments or auxiliary aid(s) in order to attend an interview/undergo a written assessment? YES NO						
This information will help us to identify any reasonable adjustments that we might need to make to arrangements in order to accommodate. We are an equal opportunities employer and will not discriminate on the grounds of disability.						
If YES, please give details:						
Should you receive an offer of employment you will be asked to fill in a Post Offer of Employment Medical Questionnaire. The confidential information will be used if appropriate in identifying/considering/accommodating any reasonable adjustments.						
GDPR PRIVACY POLICY PROTECTION						
The General Data Protection Regulation 2018 ("the Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application ("the information") will be used solely for the purpose of assessing and contacting you regarding your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will be held for 12 months or not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If unsuccessful you have the right to ask for your application to be destroyed/your personal data not to be held and for the company to stop processing your personal data at any time by emailing recruitment@everettspharmacy.co.uk or putting your request in writing to Head Office FAO HR Officer. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below. I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.						
Signed: Date:						
Please refer to the company Website for further details of our GDPR Privacy policy: http://www.everettspharmacy.co.uk/privacy-policy/ .						
If you apply for a role that has been identified as being an 'Eligible Position' under the <i>Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended)</i> (the Exceptions Order), the <i>Police Act 1997 (Criminal Records) Regulations (as amended)</i> and the <i>Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedom's Act 2012)</i> you will be notified if an offer of employment is made and you will be given/sent the relevant forms in order for a Standard or an Enhanced level Disclosure to be requested through the Disclosure and Barring Service (DBS). Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the <i>Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?</i> If *YES, please give details below (please continue on separate name/dated sheet if needed						
RIGHT TO WORK IN UK Are you legally entitled to work in the UK Permanently/without any restrictions? YES *NO *NO *If NO – Do you have a Work/Residents or similar Permit to work in UK? **YES NO **Please provide below Permit details/i.e. type/any restrictions on days/hours of work and Expiry Date:						
Please note we would require confirmatory evidence of your right to work in the UK prior to commencing any employment.						
UNDERTAKING Please read and sign the following undertaking: I confirm that the information I have given on this application form is, to the best of my knowledge and belief, true in all respects. I understand that, should I have deliberately made a false or misleading statement on this form my future employment can be terminated without notice.						
Signed: Date:						
*Please note that although we try to contact all applicants individually, due to the volume of applications that we sometimes receive we may only contact you if your application has been successful at paper-sift stage and we wish to invite you in for interview. Therefore, if you do not hear from us within 1 month of the vacancy closing date we thank you for your interest, the time taken to complete an application, however your application may have been unsuccessful. Note: We are an equal opportunities employer and will not tolerate discrimination in any form.						

Application Form Aug 2020 Version

EQUAL OPPORTUNITIES MONITORING FORM

This section of your completed application will be detached from your application form before paper-sift /being considered for interview and will be used solely for monitoring purposes. *Please note that by completing and returning this you agree to consent to us to hold your personal information and data solely for the purposes of monitoring. Please refer to the company Website for further details of our GDPR Privacy policy: http://www.everettspharmacy.co.uk/privacy-policy/. At any time should you wish for us to remove your application/EO data personal information please advice in writing by letter or email HR Officer recruitment@everettspharmacy.co.uk.

Applicant					
First/Forename(s)	Last/Surname:				
11104		urre.			
We recognise and actively promote the benefits of a diverse workface. We are committed to treating all potential/employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all areas of the community.					
White British	Irish		Any other white background*		
Mixed White & Black Caribbean	White & Black African	White & Asian	Any other mixed background*		
Black & Black British Caribbean	African	Any other black	background*		
Asian &Asian British Indian	Pakistani	Bangladeshi	Any other Asian background*		
Chinese & other Ethnic groups Chinese *Please specify	Any other ethnic backgro	ound*	Prefer not to say		
Gender please specify:					
Date Of Birth					
Do you consider yourself to have a d	disability? Yes	No Prefer	not to say		
The disability Discrimination Act defines disability as "A physical or mental impairment which has a substantial and long term effect on the person's ability to carry out normal day-to-day activities".					
Religion			Prefer not to say		
Sexual Orientation			Prefer not to say		
How did you become aware of this vacancy?					
(i.e. Poster in shop window/word of mouth/other employee/Social Media etc)					
Job Role Applying for: Branch Location: Vacancy Reference Number:					