

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 Vacancy Advert) :

Vacancy Job Title:

Branch :

Vacancy Days/Hours:

PERSONAL DETAILS

Forename(s):

Surname:

Address:

Postcode:

*Telephone:

* Mobile:

*Email:

(*Please note we prefer to use telephone or Email in order to contact you regarding the progress of your application)

Do you have a driving licence?

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 worked for this organisation before?

YES ☐ NO ☐

If YES please provide full details (if worked for us include date/job title/reason for leaving).

How did you learn of this vacancy? (i.e. please state In Branch Poster/Everetts Website/Job Centre/Word of Mouth etc)

EDUCATION DETAILS

Please give details of all secondary education including Examinations taken (with Results).

Schools/Colleges /Dates:

Courses/Exams/ Dates:

*Qualifications obtained / Dates:

State any other achievements during education.

Please be prepared to provide qualification certificates. etc.

FURTHER EDUCATION / QUALIFICATION DETAILS

Please give details of any University course / Further Education / Vocational / Professional Course/s undertaken (including youth training, technical courses, vocational studies, correspondence courses, Work/ Company training courses etc).

University/FE College/Work Place/Dates:	Courses/Exams /Dates:	Qualifications obtained/Dates:
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Please be prepared to provide copies of qualification certificates / confirmation of studies/training courses. etc.

PUBLIC OR VOLUNTARY COMMITMENTS

Please give details of membership of any public or voluntary body and indicate the approximate time commitment entailed.

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EMPLOYMENT DETAILS

Please give details of your current and previous employment (minimum of last 5 years – more if you wish to detail previous relevant experience) /key achievements that might help us assess your suitability for the job for which you are applying, starting with the most recent employment and working backwards. Please also detail any gaps between employments.

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 employer for a reference without your permission. However, any job offer made will be subject to receipt of satisfactory references. It is our policy to contact ALL named referees.*

May we contact your current employer for a reference? YES ☐ NO ☐

Position(s) held: Salary/Wage:

Outline of duties/responsibilities/key achievements:

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Reason for leaving:

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Notice period (if current employer):

Does your current contract of employment contain any restrictions that prevent you from competing with your current employer or soliciting its customers after you have left? YES ☐ NO ☐

If YES please supply a copy of relevant section of your contract of employment

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 years** – more if you wish to detail previous relevant experience i.e. voluntary / work experience)

Dates From-To:
Details of employment gap/s (i.e. unemployed & seeking employment/caring responsibilities/voluntary work etc)

Please continue on a separate sheet of paper if necessary (to detail a minimum of 5 years of employment or to add any other information you consider relevant i.e. experience / skills and abilities etc).

HOURS AND DAYS YOU WISH TO WORK

For each day of the week, please write the time you can/wish to work.

Please indicate the earliest time you can start and the latest time you can finish each day.

MON	am-___ pm ___	TUE	am-___ pm ___	WED	am-___ pm ___		
THU	am-___ pm ___	FRI	am-___ pm ___	SAT	am-___ pm ___	SUN	am-___ pm ___

Please indicate the maximum hours you wish/can work each week _____ hrs.

INTERESTS, HOBBIES AND SPORTS

Please give details of your spare time interests / hobbies / social clubs including details of membership of bodies, committees, voluntary work and so on.

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/>.

CRIMINAL RECORD

If you apply for a role that has been identified as being an 'Eligible Position' under the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended)* (the Exceptions Order), the *Police Act 1997 (Criminal Records) Regulations (as amended)* and the *Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedom's Act 2012)* 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 *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?* If *YES, please give details below (please continue on separate name/dated sheet if needed)

NO ☐ *YES ☐

RIGHT TO WORK IN UK

Are you legally entitled to work in the UK Permanently/without any restrictions? YES ☐ *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:

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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.

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: _____

We recognise and actively promote the benefits of a diverse workforce. 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

☐

Any other ethnic background*

☐

Prefer not to say

*Please specify _____

Gender please specify: _____

Date Of Birth _____

Do you consider yourself to have a 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: _____