



Halls Decorating & Painting Contractors Ltd
 Turner Court Works, Hall Street North, Boothtown,
 Halifax, HX3 6TS
 Tel: 01422 349042 Fax: 01422 356962 Mobile: 07831 448051
 E-mail: info@hallsdecorators.co.uk

Halls Decorators - Job Application Form

Please fill in all the sections to the best of your ability. Curriculum vitae will not be accepted. Candidates will outline clearly how their qualifications and experience meet both the essential and preferred requirements. All information given will be treated with the strictest confidence. Continuation sheets may be added if necessary.

Section 1 Personal Details

Last Name: First Name:

Address:

Postcode:

Home Telephone N^o: National Insurance N^o:

Letters	Numbers	Letter

Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Can we contact you at work? Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Driving License

Do you hold a full, clean driving license valid in the UK? Yes No

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector

Name of Employer:

Address:

Postcode:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

 Postcode

Position Held:

Summary of duties:

Reason for leaving:

Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offender's act 1974? **Yes** **No**

If yes, please give details / dates of offence(s) and sentence:

Section 7 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? **Yes** **No**

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview?

Yes No

If yes, please give details:

Section 8 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Telephone N ^o :	<input type="text"/>	Telephone N ^o :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? Yes No

Are you willing for this referee to be approached prior to the interview? Yes No

Section 9 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

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

A. White

White UK

Irish

White non-UK

Any other White background
(please give details):

B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background
(please give details):

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

D. Black or Black British

Black Caribbean

Black African

Any other Black background
(please give details):

E. Chinese or other ethnic group

Chinese

Vietnamese

Any other ethnic background
(please give details):

F. I do not wish to provide this information

Section 10 Recruitment Monitoring Form continued

Gender:

Male Female

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled? Yes No

If yes, please give details:

Age Group

16-25 26-35 36-45
46-55 56-65 66-70
Over 70

For Office Use Only:

Start Date:

Comments:

Section 11 Declaration

I certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.

Signed:		Date:	
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RETURNING THIS FORM

By Hand or Post:

FAO HR Department
Halls Decorating & Painting Contractors Ltd
Turner Court Works
Hall Street North
Boothtown
Halifax
HX3 6TS

By E-Mail:

info@hallsdecorators.co.uk

Enquiries:

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