



APPLICATION FORM

Vacancy: _____

Date: _____

Bauder is an equal opportunities employer

Please complete and return to:

Bauder Ltd

Human Resources, 70 Landseer Road, Ipswich, Suffolk IP3 0DH

T: +44 (0)1473 257671 **F:** +44 (0)1473 230761 **E:** humanresources@bauder.co.uk

bauder.co.uk

Personal Information

Title:	Mr <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: _____
Forenames:					
Surname:					
Address:					
Home Tel:		Mobile:			
Are there any restrictions on your residence that may affect your right to work in the UK? If so do you require: A Work Permit <input type="checkbox"/> A Right to Work Visa: <input type="checkbox"/>					
You confirm that you have no convictions which are 'unspent' within the meaning of the Rehabilitation of Offenders Act 1974. Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide details:					
Do you hold a current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/> Are there any points on this licence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes how many? _____					

Education and Training

Schools	Qualifications Achieved
Further/Higher Education	Qualifications Achieved
Professional Training/Qualifications	Levels Attained
Other Training/Courses attended relevant to the post	Results

Employment Details

Please state your present or most recent Employer first followed by previous employers in date order:

Company Name and Address	Period of Employment	Position Held	Nature of Duties

Supporting Statement

In no more than 50 words, please demonstrate how your skills and experience meet the requirements of the job description, and the benefits you will bring to the company (please use separate A4 sheet if required).

Health Declaration

What absences from work through sickness have you had in the last 2 years (except those due to disability)?

Total days absent: _____ Number of occasions: _____

Please provide details:

Do you suffer from any medical condition that should be taken into account during the recruitment process? Yes No

If yes, please advise below and outline what assistance (if any) you need during the recruitment and selection process:

References

Please provide the names and addressed of at least two people (other than relatives or friends. One should be your current employer.

Present or most recent employer:

Other referee:

Declaration

I declare the information on this form is correct and I have omitted nothing that, to the best of my knowledge, might affect this application.

Signed: _____ Date: _____

I give my consent to the information contained in this form and any information provided by a referee, being processed and stored (by means of a computer database or otherwise) for the purposes of the recruitment process and the compilation of employee statistics. I consent to the information being retained for a period of six months from the completion of the recruitment process or, if I am employed, for the recommended retention periods.

If it is found that information given herein is incorrect, false or misleading it will disqualify you from any appointment applied for or lead to dismissal should employment already be undertaken.