Employment Application



Position Applied For:	Current Wage:	
Personal Details		
Full Name:		
Address:		
	Postc	ode:
Contact Number: Emai	l:	
If your application were successful, what date would you commence work?	u be available to	
Have you applied to GKR for employment in the past? If	so, when was this?	
Please detail any experience you may have for the positi	on you are applying f	or:
Right to work in the UK - Do you need a work permit to	work in the UK?	Yes / No
Education		
Names of Schools or Colleges attended	From	То
List any qualifications, training or courses attended eg. CSCS, City & Guilds, Gas Safe, Asbestos, etc		Year
Driving History		

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Employment History

Please use a separate sheet of paper & attach if more s	space is required	
Employer 1:	From:	To:
Position:	Reason for leaving:	:
Description of Duties:		
Employer 2:	From:	To:
Position:	Reason for leaving:	:
Description of Duties:		
Employer 3:	From:	To:
Position:	Reason for leaving:	 :
Description of Duties:	<u> </u>	
References		
Referees will only be approached once a firm offer has	been made and accepted	
Name:	Name:	
Company:	Company:	_
Address:	Address:	
Tel No:	Tel No:	
Email:	Email:	
Declaration Information given may be processed for employment selection purposes candidates will be retained for up to six months.	s and will be retained for successful cand	didates. Applications from unsuccessful
I have completed this form and to the best of my knowledge and belief the I understand that failure to disclose any relevant information or the provincesult in dismissal		
Signed:	Date:	

Please list your employment history for the past 5 years, beginning with the most recent and working backwards.

Equality & Diversity Monitoring Form

GKR Maintenance & Building Co Ltd wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form with your job application – it will form no part of the interview process, and will be treated in strict confidence and anonymously.

This form will not be saved with your application form.

Gender
Man Woman Intersex Non-binary Prefer not to say
If you prefer to use your own term, please specify here:
Are you married or in a civil partnership?
Yes No Prefer not to say
Age
16-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65+ Prefer not to say
What is your ethnicity?
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box. White
English Welsh Scottish N. Irish Irish British Gypsy or Irish Traveller Prefer not to say Other:
Mixed / multiple ethnic groups White & Black Caribbean White & Black African White & Asian Prefer not to say Other:
Asian / Asian British Indian Pakistani Bangladeshi Chinese Prefer not to say Other:
Black / African / Caribbean / Black British African Caribbean Prefer not to say Other:
Other ethnic group Arab Prefer not to say Other:

Equality & Diversity Monitoring Form

Do you consider yourself to have a disability or health condition?			
Yes No Prefer not to say			
What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:			
The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.			
What is your sexual orientation?			
Bisexual Gay Heterosexual Lesbian Prefer not to say			
If you prefer to use your own term, please specify here:			
What is your religion or belief?			
Buddhist Christian Hindu Jewish Muslim			
Sikh No religion or belief Prefer not to say Other:			
What is your current working pattern?			
Full-time Part-time Prefer not to say			
What is your flexible working arrangement?			
None Flexi-time Staggered hours Term-time hours			
Annualised hours Job-share Flexible Shifts Compressed hours			
Homeworking Prefer not to say Other:			
Do you have caring responsibilities?			
If yes, please tick all that apply None Primary carer of a child/children (under 18)			
Primary carer of disabled child/children Primary carer of an older person			
Primary carer of disabled adult (18 and over)			
Secondary carer (another person carries out the main caring role)			
Prefer not to say			
Welsh Language Ability			
Understand Welsh Speak Welsh Read Welsh			
Write Welsh None of the above Prefer not to say			