



The completed form should be returned to:

Majestic Group Ltd
Chequers Hill
Flamstead, Herts, AL3 8ET
info@majesticgroup.co.uk.

Personal Details

Name: _____
(Mr/Mrs/Miss/Dr/Rev) First Name Last Name

Today's Date: _____

Address: _____

Home Tel. No (with code): _____

Town _____ County _____

How long at this address? _____

Post Code _____

Day time Tel. No: _____

E-mail address: _____

Mobile Tel. No: _____

National Insurance Number: _____

Drivers' License Number: _____

Date of Birth (dd/mm/yy): _____

Gender: Female Male

Do you hold a current driving licence? Yes No Do you have the daily use of a car? Yes No

Please provide name(s) and relationship(s) of any partner/relatives (no matter how distant)/close personal friends who are employees of Majestic Group Limited. _____

Which position are you applying for? _____

Dates available for employment? _____

Type of employment? Full-time Part-time Temporary

Where did you see this job advertised? _____

Asylum and Immigration Act 1996 – It is a criminal offence to employ persons whose immigration status prevents them from working in this country. The act does not affect citizens of the UK, Ireland, European Economic Area and the Commonwealth, provided they have the right of abode in the UK.

Do you have a work permit? No, Not required. Yes. Expires on (dd/mm/yyyy): _____

Criminal Convictions (Rehabilitation of Offenders Act) You are not required to disclose convictions which are spent under the Rehabilitation of Offenders Act 1974, unless the post for which you have applied is exempt under that Act.

Have you ever been convicted of any offence by any Court, or received a formal Police Caution? If yes, please give full details. (We will only take them into account if we consider them relevant to the post for which you have applied).

No Yes. _____

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

Name of employer: _____ Tel. No: _____

Address: _____

Department: _____ Date started: _____ Date left: _____

Job Duties: _____ Reason Leaving: _____

DO NOT contact my current employer.

Wages: £ _____

Previous Employment

Start with the most recent employer first. Provide organisation name, supervisor name and phone number.

Date to & from	Employer Name & Phone #	Position	Wage at End	Reason Left

Voluntary/Unpaid Activities

Date to & from	Organisation	Duties	# Hour per Week	Reason Left

Time not already accounted for

Give details of any time not already accounted for (inc. unemployment). Continue on a separate sheet if necessary.

Activity (e.g. unemployed, student)	From	To	Details

Education, Qualifications & Memberships

Secondary School:	Results/Qualifications:
College:	Results/Qualifications:
University:	Results/Qualifications:
Professional Associations/ Institutes:	Other:
Licenses Held:	

References

Please give details of two referees whom we may ask about your suitability for the post. Referees must not be related to you. If you are a school/college leaver, please give the name and address of a head teacher/tutor and also the manager of your most recent work experience placement – if applicable.

Name of referee:	Name of referee:
Name & address of organisation:	Name & address of organisation:
Tel. No:	Tel. No:
E-Mail:	E-Mail:
Occupation:	Occupation:
Capacity in which known to you:	Capacity in which known to you:

Additional Information

Why do you want to work for us?

Please give five words how others describe you.

Please give brief details of hobbies, pastimes, sports you enjoy.

We have a dress code that prohibits any visible tattoos, body piercing (other than women's ears) and counter-culture hairstyles. Do you have any visible tattoos or body piercing? Yes No

Declaration

I certify that the information provided is true and accurate and in particular that I have not omitted any facts which may have a bearing on my application. I understand that any subsequent contract of employment with Majestic Group Limited will be made on the basis of the information I have provided. I understand that a false declaration which results in my appointment will render me liable to dismissal without notice. I give explicit consent that the information which I give on this form be held and used in relation to my application and, if successful, for the administration of my contract of employment in accordance with the Data Protection Act 1998. I agree to Majestic Group Limited carrying out pre-employment screening relevant to my application.

Signature: _____ Date: _____

(dd / mm / yyyy)

General Health

Please answer the following questions as appropriate. Our interest is to ensure your suitability for any post that might be offered. If the answer is yes to any of the above questions, please give fuller details.

	Yes	No	Details
Have you ever given up work, or been dismissed, or retired early, for health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	
How many sick days in the past year? _____			
Have you any reason to think you may be infected with any blood virus?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have, or have you, suffered from any recurring or persistent medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer from word blindness, e.g. dyslexia, or colour blindness?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take any medication prescribed by a doctor, excluding the contraceptive pill, but including any medication that is prescribed repeatedly?	<input type="checkbox"/>	<input type="checkbox"/>	
Would you have difficulty in carrying out any of the following, which might be expected in a position of the type you have applied for: lifting, carrying, handling, reaching and climbing?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you allergic or sensitive to any chemicals or other materials (including plants) which might be involved in the position you are applying for?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been advised on health grounds not to handle plants or spend prolonged periods of time around them due to severe allergies?	<input type="checkbox"/>	<input type="checkbox"/>	

Office Use Only

Date received:..... Date of interview:.....

Action Taken:.....

Offered Start Date:..... Offered Start Wage:

Declined? Yes No (If yes, give brief details.)

Notes:

RECRUITMENT MONITORING FORM

This sheet will be separated from your application form/CV upon receipt and does not form part of the selection process.

Majestic Group Limited aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, colour, nationality, ethnic or national origins, gender, marital status, family responsibility, age, disability, sexual orientation, trade union activity, or religious belief. In order to monitor the effectiveness of our equality policy, we request that all applicants complete this form. In accordance with Data Protection Act 1988, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our equality policy.

What is your Ethnic Group

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

A. White

British
Irish

Any other White background, please write in:

B. Mixed

White and Black Caribbean
White and Black African
White and Asian

Any other Mixed background, please write in:

C. Asian or Asian British

Indian
Pakistani
Bangladeshi
Sikh

Any other Asian background, please write in:

D. Black or Black British

Caribbean
African

Any other Black background, please write in:

E. Chinese or other ethnic group

Chinese
Other, please write in

F. I do not wish to provide this information.

Disability

Definition of disability according to the Disability Discrimination Act: 'someone with a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities'.

Do you have a disability? If yes, please tick one box and give details in the space below, including any special arrangements you require for interview or work.

- | | |
|--|--|
| <p>00 - None. <input type="checkbox"/></p> <p>01 - You have a specific learning difficulty (for example dyslexia). <input type="checkbox"/></p> <p>02 - You are blind or partially sighted. <input type="checkbox"/></p> <p>03 - You are deaf or hard of hearing. <input type="checkbox"/></p> <p>04 - You use a wheelchair or have mobility difficulties. <input type="checkbox"/></p> <p>05 - You have Autistic Spectrum Disorder or Asperger Syndrome. <input type="checkbox"/></p> | <p>06 - You have mental health difficulties. <input type="checkbox"/></p> <p>07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition. <input type="checkbox"/></p> <p>08 - You have two or more of the above. <input type="checkbox"/></p> <p>09 - You have a disability, special need or medical condition that is not listed above. <input type="checkbox"/></p> <p>10 - I do not wish to provide this information. <input type="checkbox"/></p> |
|--|--|
- Registered Disability Card #