

Unique Identification Number

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Finance & Personnel  
Bristow & Sutor  
Bartleet Road  
Washford  
Redditch  
Worcs. B98 0FL

# Bristow & Sutor

## Civil Enforcement Agents



# APPLICATION FOR EMPLOYMENT

### 1. Vacancy Details

Post Applied For	
Where did you hear of this vacancy?	

### 2. Employment History (Most Recent First)

Name & Address of Employer	Job Title	Period From	Period To	Salary
	Key Duties and Responsibilities			
Reason for leaving/wishing to leave				

Name & Address of Employer	Job Title	Period From	Period To	Salary
	Key Duties and Responsibilities			
Reason for Leaving				

Employment History – continued...

Name & Address of Employer	Job Title	Period From	Period To	Salary
	Key Duties and Responsibilities			
Reason for Leaving				

**3. Other Employment Details**

Are you currently employed?  YES  NO  
 If NO, how long have you been out of work .....

Have you applied to us or worked for us before?  YES  NO  
 If YES, what position & when .....

Do you know anyone already employed by the company?  YES  NO  
 If YES, whom and what is their position.....

Did this person recommend you to the Company?  YES  NO  
 If you have applied for part-time work, please state preferred hours/days .....

If offered this position, will you also work in any other capacity (i.e. for ANOTHER Company)  YES  NO  
 If YES, please give details .....

Are you a British subject or a national of any EU country?  YES  NO  
 If NO, do you have the right to work in the UK and a current Work Permit?  YES  NO  
 If YES, please give expiry date of Work Permit .....

How much notice are you required to give to your present employer? .....

## 4. Academic Record

Name of School	Subjects	Examinations Taken	Grades
Name of College or University			
Professional Qualifications			

## 5. Other Details

Do you possess a Full Driving Licence?  YES    NO

If YES, how long have you held a Licence? .....  
(You would not be required to use your own vehicle on company business).

Have you had any driving convictions within the last 10 years?  YES    NO

If YES, please state details.....

Have you ever been convicted for a drink related motoring offence?  YES    NO

If YES, please state details .....

Have you or your partner ever been adjudged Bankrupt, had any County Court Judgements made against you or been summoned for non-payment of Council Tax, Business Rates or Magistrates' Fines?  YES    NO

If YES, please state details .....

Have you been convicted of a criminal offence?  YES    NO

If YES, please state details (Convictions spent under Rehabilitation of Offenders Act need not be disclosed).  
 .....  
 .....

Are there any adjustments that may be required to be made should you be invited for interview?  YES    NO

If YES, please state details .....



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# Equal Opportunities Questionnaire / C.C.J. Search



Bristow & Sutor has, and operates, an Equal Opportunities Policy, the aim of which is to ensure that unfair discrimination does not take place in recruitment. The Company actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community. The information given below will be completely confidential and used only for monitoring purposes and will not be taken into account when making the appointment, as it will be detached from the main application form.

**Title:** ..... **Surname:** ..... **Forenames:** .....

**Permanent Address:** ..... **Tel. Home:** .....  
 ..... **Work:** .....  
 ..... **Mobile:** .....  
 ..... **email:** .....  
**Post Code:** .....

**Address History** - If you have lived at your current address for less than 6 years please list in full all your previous addresses for the past 6 years.

From ..... To ..... Address ..... Post Code.....  
 From ..... To ..... Address ..... Post Code.....  
 From ..... To ..... Address ..... Post Code.....  
 From ..... To ..... Address ..... Post Code.....

**Gender:** Male  Female  **Date of Birth:** .....

**Do you consider yourself to be disabled?** Yes  No

This information is required so that all applicants who have a disability and who meet the minimum criteria for this position are offered an interview. 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.’

If yes please state what type of adjustments to the working arrangements would assist you in overcoming any disadvantage that your disability might otherwise cause you at work.  
 .....  
 .....

<b>Ethnic Group:</b>	<b>Nationality:</b> .....
White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> * Any other white background
Mixed (White & Black)	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> * Any other mixed background
Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> * Any other black background
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> * Any other Asian background
Chinese or Other Ethnic Group	<input type="checkbox"/> Chinese <input type="checkbox"/> * Other Ethnic Group

\* Please Specify .....

# Medical Questionnaire

Please complete the short Questionnaire below by marking the appropriate answer and providing further information where necessary. The information required is with your best interest in mind.

Have you ever:

- Had an operation or been seriously injured?** Yes  No   
 If yes, please give details: .....  
 .....
- Received in patient treatment for a physical or mental condition?** Yes  No   
 If yes, please give details: .....  
 .....
- Been refused or dismissed from employment for health reasons?** Yes  No   
 If yes, please give details: .....  
 .....
- Been made ill by your work?** Yes  No   
 If yes, please give details: .....  
 .....
- Been refused a driver's licence due to ill health?** Yes  No   
 If yes, please give details: .....  
 .....
- During the last 12 months how many days were you absent from work due to health reasons?** ..... Days  
 Please give details of the illness or injury that caused the absence:  
 .....

In the past 3 years, have you suffered from any of the following conditions or if not in the last 3 years could any of them affect you doing the job you have applied for?

Anaemia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Eye trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Period problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arthritis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fainting/dizziness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Prostate problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rupture	Yes <input type="checkbox"/> No <input type="checkbox"/>
Back trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hay fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shortness of breath	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chest trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Headaches	Yes <input type="checkbox"/> No <input type="checkbox"/>	Stress	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	High blood pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Depression	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ear trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nerve trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cancer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilepsy/Fits	Yes <input type="checkbox"/> No <input type="checkbox"/>				

If yes, to any of the above in the last 3 years, or you have suffered from another illness not listed, please give brief details:

.....  
 .....

Do you take any medication regularly? Yes  No

If yes, please give details: .....

Do you need glasses? Yes  No

If yes, is this all the time or just for reading, please give details: .....