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APPLICATION FORM

(Office use only)

Date of Interview

Time of Interview

Name	_____
Address	_____
	_____ Post Code _____
Tel No.	_____ Mobile No. _____
National Insurance No.	_____
Position Applied For	_____
How did you hear of this position	_____
Do you have any relatives who work for the Company	_____

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? YES/NO

Do you have a current driving licence YES/NO Endorsement YES/NO

Are you in good health? YES/NO

If you have any disabilities please tell us about any adjustments we may need to make for interview. Please give details _____

Do you need a work permit to work in the U.K. YES/NO

Notice Period to be given _____

Please give details of holidays arranged _____

SECONDARY SCHOOL EDUCATION

Examination Subject	Qualifications achieved

FURTHER EDUCATION/TRAINING COURSES

Course attended/Subject	Qualifications achieved

Membership of Professional Associations _____

Membership No. _____ Expiry Date _____

Public Duties (JP, Local Councillor, etc) _____

Office held in Social/Sports clubs etc _____

Community or volunteer experience _____

Employment History (Please start with your present or last employer)

Present Employer _____

Type of Business _____

Address _____

Start Date _____ Leaving Date _____ Salary £ _____

Position Held _____ Key Duties & Responsibilities _____

Reason for Leaving _____

Previous Employer _____

Type of Business _____

Address _____

Start Date _____ Leaving Date _____ Salary £ _____

Position Held _____ Key Duties & Responsibilities _____

Reason for Leaving _____

Previous Employer _____

Type of Business _____

Address _____

Start Date _____ Leaving Date _____ Salary £ _____

Position Held _____ Key Duties & Responsibilities _____

Reason for Leaving _____

Are you available to work	Full Time Days	YES/NO
	Full time Nights	YES/NO
	Part Time	YES/NO (please state hours)
	Shifts	YES/NO

Do you have any other commitments, which might limit your working hours? YES/NO

Please give relevant details of your training and experience, which may support your application.

References (not friends or family members)

One of whom should be your present or most recent employer.

Name _____	Name _____
Address _____	Address _____
_____	_____
Position _____	Position _____
Tel No. _____	Tel No. _____
Permission given to contact YES/NO	Permission given to contact YES/NO

Information provided by you on this application form will be stored and can be accessed by you in accordance with the Data Protection Act. Information will be stored no longer than 6 months. Successful applications will have the information transferred to their personal file.

I understand that any false or misleading information given in this application may result in my dismissal if I am appointed. I declare that to the best of my knowledge the above information and that submitted in any accompanying documents is correct.

Signed _____ Date _____



Equal Opportunities Monitoring Form

As an Equal opportunities Employer Dutton Carpets wish to ensure that all applicants are treated fairly in terms of shortlisting for interview. To assist in this policy could you please give the following information:

POST APPLIED FOR: _____

FULL NAME: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

NUMBER OF DEPENDANT CHILDREN: _____

OTHER DEPENDANTS: _____

ETHNIC ORIGIN:
(circle as appropriate)

1. White
2. Black Caribbean
3. Black African
4. Black Other

5. Indian
6. Pakistani
7. Bangladesh
8. Chinese

9. Other (please specify)

NATIONALLITY: _____

ARE YOU LEGALLY ELIGIBLE FOR
EMPLOYMENT IN THE UK?

YES/NO

DO YOU HAVE ANY ENDORESEMENTS IN
YOUR PASSPORT WHICH LIMITS YOUR STAY
OR LENGTH OF EMPLOYMENT IN THE UK?

YES/NO

IF YES, PLEASE GIVE DETAILS: _____

RELIGION: _____

SEX: _____

ARE YOU DISABLED?

YES/NO

IF YES, PLEASE STATE THE
NATURE OF YOUR DISABILITY: _____

PLEASE RETURN THIS FORM IN AN ENVELOPE MARKED "CONFIDENTIAL"

DUTTON CARPETS LIMITED

To be completed by or on behalf of the employee

Date.....

Name.....

Address.....

.....

.....

Intended occupation.....

Disabled register No.....

FOR THE CONFIDENTIAL INFORMATION OF THE MEDICAL OFFICER

Marital status.....

No of dependants.....

Name and address of family doctor.....

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MEDICAL HISTORY

- (1) Have you or any member of your family suffered from tuberculosis?.....
- (2) Have you ever suffered from any of the following? (please answer 'yes' or 'no' and if yes please give dates)

Heart disease or disorder.....	Varicose veins.....
Asthma or bronchitis.....	Ear trouble.....
Nervous or mental disorder or 'nerves'.....	Backache.....
Dermatitis or other skin disease.....	Diabetes.....
Fainting attacks, giddiness or blackouts.....	Rheumatism or arthritis.....
Gastric disorder or indigestion.....	Epilepsy.....
Loss of vision or defect in either eye.....	Hernia or rupture.....
- (3) Have you suffered from any accident or injury? (please answer 'yes' or 'no' and if yes please give dates).....
- (4) Have you suffered from any other illness? (please answer 'yes' or 'no' and if yes please give dates).....
- (5) Have you ever undergone an operation?
- (6) Dates of service in H.M. Forces..... Medical category on discharge.....
Were you rejected or invalided?.....
- (7) Have you ever received/claimed a disability pension?.....
- (8) Have you ever received any compensation or damages under the Workmen's Compensation Acts, National Insurance (industrial injuries) Act or Common Law?.....
- (9) Have you been absent from work on account of illness or injury in the last 12 months? (if so give particulars).....
- (10) Do you have a medical condition? (if so give particulars)
- (11) Are you currently under medical treatment or on a course of medicine/drugs prescribed by a doctor? (if so give particulars).....
- (12) Have you been to the doctors within the last 12 months with anything that could affect your duties at work? (if so give particulars)

I DECLARE THAT ALL THE ABOVE ANSWERS ARE TO THE BEST OF MY BELIEF, TRUE AND COMPLETE

Signed.....

Witnessed by.....

Date.....