

APPLICATION FORM

Thank you for applying to Creative Tops Ltd. for employment.

The information you are asked to provide will be used to assess your suitability for the position for which you are applying. All information will be treated in the strictest confidence.

Please ensure that you complete all sections of the application form in full, if you need help completing the form, or require the form in an alternative format, please contact the Human Resources Officer on ☎ 0845 0346660 ext 1751

Personal Details

Title (Mr, Mrs, Miss etc.)	Address
First name(s)	
Surname /Family name	
Tel No.(incl std code)	Post code
Mobile No.	Email address

Emergency Contact Details

Contact Name	Address
Relationship to you	
Tel No. (incl std code)	
Mobile No.	Post code

Vacancy Details

Position applied for

If offered employment will this be your only job? Yes / No (delete as applicable)

If you hold another position with another employer how many hours a week do you work?

As an employer we are responsible for ensuring that employees do not exceed the maximum hours of work as directed by the Working Time Regulations. If you intend to work in excess of 48 hours per week in total you will need to sign an opt out form and advise your other employer.

If you are not applying for a vacancy that has been advertised, what type of role are you looking for		
Where did you find out about the vacancy? e.g. company website, newspaper advert, other (please state)		
Do you hold a valid full clean driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, please state endorsements and dates		
If you do not have a driving licence or vehicle how will you travel to work?		
Education (You may, if you wish attach a C.V) Please indicate that you have done so and attach your C.V. Only complete sections where information requested is not detailed in your C.V.		
Qualifications	School / College / University	
Additional qualifications / memberships / licences		
Please detail any qualifications or memberships to professional organisations or bodies		
Qualification	Organisation	Date Awarded

Current / most recent employment details	
Full name and address of employer	Outline the nature of your job and your responsibilities
Job Title	Date from to
Annual Salary / Hourly Rate £ Benefits:	Reason for leaving
Previous employment	
Full name and address of employer	Outline the nature of your job and your responsibilities
Job Title	Date from to
Annual Salary / Hourly Rate £ Benefits:	Reason for leaving

Full name and address of employer	Outline the nature of your job and your responsibilities
Job Title	Date from to
Annual Salary / Hourly Rate £ Benefits:	Reason for leaving
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Job Title	Date from to
Annual Salary / Hourly Rate £ Benefits:	Reason for leaving
Please provide dates and reasons of absence (excluding holidays) from your employment in the last two years lasting longer than one week:	

Data Protection	
<p>Upon receipt of your application form, the details provided will be maintained on manual and computerised filing systems and will be stored according to legal requirements and statistical analysis purposes. No information will be passed onto a third party unless contracted to Creative Tops Ltd for specific employment services without your express agreement unless required by law.</p> <p>Your signature below indicates your agreement to the above.</p>	
Declaration	
<p>I declare that the information given on this application form is, (and / or attached C.V) to my knowledge true and correct. I understand that if it is subsequently discovered that any statement is false or misleading, my offer of employment may be withdrawn or my contract may be terminated by the company without notice.</p>	
<p>Signed Date</p>	
References	
<p>Please note that employment references will be sought from your current and last employer, after acceptance of employment. Where there are no relevant referees, you must provide two personal referees. These should not be relatives, but could be a school / college tutor or other professional person.</p>	
Name	Name
Address	Address
Post Code	Post Code
Profession	Profession
How long have you know this person?	How long have you know this person?
<p>The company retains the right to withdraw the offer of employment or terminate the contract of employment should unacceptable references be received. Completion of the application form will be taken as your consent to apply for references.</p>	

Asylum & Immigration Act 1996			
Under the Asylum and Immigration Act 1996, you are required to provide evidence of your right to work in the UK, if you are called for an interview you will be advised of the documents you will need to provide which will be checked to ensure the company complies with current legislation.			
If you have a national insurance number please write it here:			
Rehabilitation of Offenders			
Have you been convicted of a criminal offence which is not spent under the Rehabilitation of Offenders Act 1974?			
Please tick Yes No			
If yes, please provide details:			
Equal Opportunity Monitoring			
As an equal opportunities employer the following information is for monitoring purposes only, and will not be used for selection purposes.			
Race or cultural origin			
Please select one and indicate (tick) your cultural background where indicated.			
White	White British	White Irish	
Any other White background, please state:			
Mixed	Mixed White & Black Caribbean	Mixed White & Black African	
Mixed White & Asian			
Any other Mixed background, please state:			
Asian	Asian Indian	Asian Pakistan	Asian Bangladeshi
Any other Asian background, please state:			
Black	Black Caribbean	Black African	
Any other black background, please state:			
Chinese or Other	Chinese		

Any other background , please state:	
Date of birth	Age:
Religion or belief(please state):	
If you do not wish to state your religion please state “declined”	
Marital Status	
Single <input type="checkbox"/>	Married <input type="checkbox"/> Living with partner <input type="checkbox"/>
Please indicate if you are disabled: Yes / No * delete where appropriate	
If you require any reasonable adjustments due to a disability please detail below:	
FOR COMPLETION BY HUMAN RESOURCES ON RECEIPT OF APPLICATION	
Application Ref:	Post Applied for
Date received:	Date acknowledged:
Result of application:	