



STAFF APPLICATION FORM

APPLICATION DETAILS

Application for Employment as: _____	At (Location): _____
How did you find out about the vacancy? _____	Full/Part Time: _____
Dates not available for interview: _____	Vacancy Ref: _____

PLEASE COMPLETE ALL FIELDS - IF NOT APPLICABLE PLEASE STATE N/A

Please indicate below any days or times when you would **NOT BE AVAILABLE FOR WORK**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
EVENINGS							

Have you ever applied to Tamworth Co-op or been employed by us? If Yes, please give details (continue on a separate sheet)	YES/NO
Are you related to anyone employed by Tamworth Co-op? If Yes please give details	YES/NO

PERSONAL DETAILS

Surname: _____ First Name: _____ Known as: _____	
Mr/Mrs/Ms/Miss/Other Title: _____ Single/Married/Divorced/Widow/Separated (delete inapplicable terms)	
Previous Name (If changed within the last 10 years): _____ Qualification Letters: _____	
Date of Birth: _____	Place of Birth: _____
Permanent Address: _____	
Post Code: _____	
Tel No: _____ (Inc STD Code) Mobile: _____	
Have you had any Criminal Convictions? YES/NO	
If Yes please supply details _____	

Next of Kin: _____	Relationship: _____
Address (if Different): _____	
Post Code: _____	
Tel No: _____ (Inc STD Code)	

N.I. No: _____	Nationality _____
(You may be required to provide documentary evidence of your National Insurance Number or your right to work)	
Do you have a Driving Licence? YES/NO	
If Yes please complete the following:	
Driving Licence No: _____	Expiry Date: _____
Category of Vehicles _____	
Details of any Penalties _____	

EMPLOYMENT HISTORY

PREVIOUS EMPLOYMENT (References will be taken from at least two of your recent Employers)

Any job offer is conditional upon satisfactory references being obtained.
Please give at least 5 years Employment History and include details and reasons for any breaks.
Complete in chronological order starting with your latest job.

Present Company:	Manager's Name:	Tel:	
Address:		Reason for Leaving:	
Position Held:	From:	To:	Salary:
Main Responsibilities and Successes:			

Company Name:	Manager's Name:	Tel:	
Address:		Reason for Leaving:	
Position Held:	From:	To:	Salary:
Main Responsibilities and Successes:			

Company Name:	Manager's Name:	Tel:	
Address:		Reason for Leaving:	
Position Held:	From:	To:	Salary:
Main Responsibilities and Successes:			

Company Name:	Manager's Name:	Tel:	
Address:		Reason for Leaving:	
Position Held:	From:	To:	Salary:
Main Responsibilities and Successes:			

If you have a CV please attach to the Application

MEDICAL DECLARATION

ALL APPLICANTS (To be completed by *the applicant*)

Have you suffered from any of the following?	Ever	Recurrent in the last 12 months	Length of time off work
Injury to your back?	YES/NO	YES/NO	
Injury to your neck?	YES/NO	YES/NO	
Heart problems?	YES/NO	YES/NO	
Recurring disabilities affecting Standing, Walking Sitting and Lifting?	YES/NO	YES/NO	
An accident requiring hospitalisation?	YES/NO	YES/NO	
A Hernia (Rupture)?	YES/NO	YES/NO	
Fits or blackouts?	YES/NO	YES/NO	
Any balance or co-ordination problems?	YES/NO	YES/NO	
Any nervous disorders?	YES/NO	YES/NO	
Have you been an out patient or attended a hospital or your Doctors, for a course of treatment, which has lasted more than 2 weeks?	YES/NO	YES/NO	
Have you had an injury, illness or operation within the last five years that would have resulted in more than two weeks away from work?	YES/NO	YES/NO	
Do you have any known allergies?	YES/NO	YES/NO	

Embalmers and Funeral Staff undertaking hygienic preparation, Coffin Manufacturing and Gardening Staff.

Have you ever suffered from asthma?	YES/NO	YES/NO	
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Embalmers and Funeral Staff undertaking hygienic preparation only.

Have you been immunised against:			
Hepatitis B		Tetanus	
Polio		Tuberculosis (BCG)	

EQUAL OPPORTUNITIES

The Society believes firstly in a policy of equal opportunities and welcomes applications and career advancements from both men and women regardless of sex, marital status, creed, race, nationality or ethnic origin, disability, religion, beliefs, and sexual orientation.

DECLARATION

I confirm that the information on this form is true and correct. I agree, if required, to have a Medical Examination as to the fitness for the type of work for which I have applied. I understand that the Society will pay for this.

I understand that any wilful misrepresentation will invalidate my application and may render me liable to dismissal if employed.

I understand that should I be employed that I will be required to complete a 6 months probationary period.

By signing the Application Form you consent, under the Data Protection Act 1998, to the Society processing information about you and disclosing it to third parties for business and employment purposes.

Signed: _____

Print Name: _____ Date: _____

Unless otherwise asked, please return the completed Application Form to:

Tamworth Co-operative Society Limited
5 Colehill
Tamworth
Staffs
B79 7HA

OFFICE USE ONLY

Select for an interview: YES/NO

Name: _____ Signed: _____

Reasons: _____

Interviewed By: _____

and: _____