



Application Form

Strictly Confidential

If you require assistance completing this form, please contact the Personnel Department at
The Colt Car Company Limited, Watermoor, Cirencester, Glos, GL7 1LF

PERSONAL DETAILS

Surname..... Forenames..... Mr/Mrs/Miss/Ms/Other*
(delete as applicable)

Address.....
.....Postcode.....

Telephone (Home).....Mobile.....Work.....
(will be used with discretion)

Do you have a current driving licence? Yes No If Yes type of licence: Full/Provisional*

Driving Experience (years).....Expiry date of licence.....

Details of any endorsements.....

Do you have your own car? Yes No

Are you a previous employee? Yes No If Yes, please give job title and dates of employment:
.....

Are you related to any person employed within the Group? If so please state name and relationship
.....

Are you related to any person employed by a major supplier of the group or business that may be considered to be a competitor? If so, please state relationship and name
.....

Do you have any criminal convictions? Yes No
(This does not apply to convictions that are spent under the Rehabilitation of Offenders Act 1974) If Yes, give details:
.....

Do you need a work permit to work in the UK? Yes No

VACANCY INFORMATION

Position Sought/Type of work required.....

How did you hear about this vacancy? (please specify).....

When are you available for interview?.....

Do you require any special assistance to attend/during an interview?.....

If offered a position will you continue to work in any other capacity? Give Details.....
.....

EMPLOYMENT HISTORY

PRESENT EMPLOYER		
Employer's Name and Address	Dates-From/To	Nature of Business
Position Held..... Please outline your main duties below: Reason for leaving/wishing to leave..... Leaving Salary.....Benefits..... Name of Referee.....Position of Referee..... (we will not approach your current employer for a reference until an offer of employment has been made)		

PREVIOUS EMPLOYMENT

Employer's Name and Address	Dates-From/To	Nature of Business
Position Held..... Please outline your main duties below: Reason for leaving Leaving Salary.....Benefits..... Name of Referee.....Position of Referee.....		

Employer's Name and Address	Dates-From/To	Nature of Business
Position Held..... Please outline your main duties below: Reason for leaving Leaving Salary.....Benefits..... Name of Referee.....Position of Referee.....		

Please continue on a separate sheet of paper for any other employment

EDUCATION AND TRAINING

Secondary School-Name & Address	Dates-From/To	Subjects Studied and Grades

Name of Referee.....

University/College-Name & Address	Dates-From/To	Subject Studied and Grades

Name of Referee.....

MEMBERSHIPS AND PUBLIC DUTIES

Additional Qualifications

Membership of Professional Bodies

Public Duties (i.e. Justice of the Peace/Reserve Forces)
--

ADDITIONAL INFORMATION

Please use this space for any further information you feel would help your application

CHARACTER REFERENCES

If you do not have two recent employment references, please provide details of two people who know you well personally

Name.....	Name.....
Address.....	Address.....
.....
.....
Postcode.....	Postcode.....

DECLARATION

I confirm that the information I have given is accurate, to the best of my knowledge and I understand that misrepresentation of information may lead to my employment being terminated. By signing this application form I consent to the Company holding, using and processing the data therein.

Signed.....Date.....



The Colt Car Group of Companies MEDICAL QUESTIONNAIRE

NAME: **POSITION SOUGHT:**

We aim to ensure that you are able to carry out your duties without risk to your health and would ask you to help by answering the following questions. We may seek the Company Doctor's opinion on the information you give or may ask you to attend a medical examination if we feel this would be beneficial.

Have you ever (please tick box):

	No	Yes	Please give details
Had an operation?			
Been seriously injured?			
Had in-patient treatment for a physical or mental condition?			
Been refused employment or dismissed for health reasons?			
Received a disabled pension?			
Been registered disabled?			
Been made ill by work?			
Been refused a driver's licence or had it withdrawn due to ill health?			

Do you currently suffer from, or have you ever suffered from (please tick box):

	No	Yes	Please give details		No	Yes	Please give details
Anaemia				Hayfever			
Arthritis				Headaches			
Asthma				Heart trouble			
Back or neck trouble				High blood pressure			
Chest trouble				Jaundice			
Cough (frequent)				Wrist or upper limb disorder (eg RSI)			
Diabetes				Shortness of breath			
Ear trouble				Skin rashes / eczema			
Epilepsy				Stress			
Eye trouble				Varicose veins			
Fainting or dizziness							

MEDICAL QUESTIONNAIRE

(Continued)

Please tick box:

	No	Yes	Please give details
Do you take medicine regularly?			
Do you need eye correction to read or drive (eg spectacles/lenses)?			
Have you ever worked in a dusty trade?			
Have you ever had a head injury?			
Do you suffer from any other ailments?			

How many days absence have you had through ill health in the last 12 months? days.

Please give details of absence(s):

.....
.....
.....

Are there any health considerations which may affect your ability to do this job?

Yes € No €

If Yes please give details:

.....
.....
.....

Are there any adjustments we could make at work that would help you to do this job?

Yes € No €

If Yes please give details:

.....
.....
.....

Are you prepared to undergo a medical examination by our Company Doctor, if required, at no expense to you?

Yes € No €

Please add here any other relevant information:

.....
.....
.....

I expressly consent to the Company holding, using and processing this data (including reasons for absence / sickness) for monitoring, welfare and payroll purposes. I declare that the information I have given is true and accurate to the best of my knowledge. I understand that to give false or misleading information is likely to result in disciplinary proceedings which may lead to my dismissal.

Signed: Date:



The Colt Car Group of Companies EQUALITY AND DIVERSITY MONITORING FORM

Name: Position Sought:

The Company aims to ensure that no employee or applicant for work receives less favourable treatment because of their gender, sexual orientation, marital status, disability, age, religion or belief, colour, race, nationality, national origin or ethnic origin. A copy of our Equal Opportunities, Diversity and Dignity at Work Policy is available on request from the Personnel Department.

In order to assist us to monitor the effectiveness of our Equal Opportunities, Diversity and Dignity at Work Policy you are invited to complete this form and return it with your Application Form. It will be held separately from other documentation and will not be referred to during the appointment process. **The information you provide will be kept purely for statistical use in connection with monitoring and will not be disclosed to any third party save in connection with legal advice or proceedings.**

Please complete / tick boxes below as appropriate (*optional):

<u>Date of Birth:</u>	<u>Age:</u>
<u>Sex:</u>	Male <input type="checkbox"/>	Female	<input type="checkbox"/>
<u>Sexual Orientation:*</u>	Heterosexual <input type="checkbox"/>	Homosexual	<input type="checkbox"/>
	Bisexual <input type="checkbox"/>	Gender Reassignment	<input type="checkbox"/>
<u>Marital Status:</u>	Single <input type="checkbox"/>	Divorced	<input type="checkbox"/>
	Married <input type="checkbox"/>	Separated	<input type="checkbox"/>
<u>Ethnic Origin:</u>	European (inc. UK) <input type="checkbox"/>	Asian	<input type="checkbox"/>
	African <input type="checkbox"/>	Other	<input type="checkbox"/>
	Afro Caribbean <input type="checkbox"/>	Please state:	

(Ethnic origin questions are not about nationality, place of birth or citizenship; they are about colour and broad ethnic groups. UK citizens can belong to any of the groups indicated).

Religion/Belief:*

Disability: Do you consider yourself to be disabled? Yes No

Are there any adjustments we could make that would assist you at work? Yes No

Please give further details:
.....
.....

By signing this form I consent to the Company holding, using and processing this data in accordance with the terms set out above.

Signed: Date: