



Application for Employment

Section One

1.1 Personal Information

Surname

Forename(s)

Address

Postcode

Daytime Telephone Number

Evening Telephone Number

Email Address

Position Applied For

1.1.1. Eligibility Are you eligible to work in the UK?

Yes No

NB: You will be required to provide evidence of your eligibility.
(See guidance notes)

1.1.2 Criminal Record Have you committed a criminal act for which you have been convicted and which is still current?

Yes No

Please give details in box provided at the back of this form

National Insurance Number

1.2 Education and Qualification - you will be required to produce evidence of qualification

Qualification Details/Courses Attended Including Apprenticeship	Grade	Date Attained

1.3 Employment History - Please list in Chronological order

Current or Last Employer	Name and Address of Employer	Position Held	Dates To / From
		Key Responsibilities	Reason for Leaving
			Salary

Previous Employer	Name and Address of Employer	Position Held	Dates To / From
		Key Responsibilities	Reason for Leaving
			Salary

Previous Employer	Name and Address of Employer	Position Held	Dates To / From
		Key Responsibilities	Reason for Leaving
			Salary

Previous Employer	Name and Address of Employer	Position Held	Dates To / From
		Key Responsibilities	Reason for Leaving
			Salary

1.4 Employment History - Please list in Chronological order

Please state the notice period you will be required to give your current employer if you are successful at your interview

..... **Weeks/Months**

1.5 Do you have any pre-booked holiday commitments? Yes/No If yes, please give details

.....

1.6 Additional Information

Please use this section to give any information you feel may be relevant to your application. Feel free to give examples of projects you have undertaken that will support why you feel you are a suitable candidate. You may continue on a separate sheet if you wish or alternately you may wish to enclose a current C.V.

1.7 Referees

Please submit the names and addresses of two people who are willing to provide a reference to support your suitability for the post you have applied for. These referees must not be a member of your family.

N.B. One of these should be your current or last employer and the other one may be a person who knows you in a work related capacity.

We may seek references prior to your being appointed. Do you give your consent for us to seek references immediately?

Yes No

Reference 1

Name

Position/Relationship

Address

.....

.....

Postcode

Telephone Number (.....)

Email Address

Reference 2

Name

Position/Relationship

Address

.....

.....

Postcode

Telephone Number (.....)

Email Address

Criminal Record Details

1.8 Signature

I confirm that the information I have given is, to the best of my knowledge, true and complete.

I understand that any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signed Date



Equal Opportunities Monitoring Information

Princess Yachts values diversity and works to encourage equality. We welcome applicants from all sections of society. We ask applicants to complete and return an equal opportunities monitoring form with their application, to help us check the effectiveness of our recruitment and equality and diversity policies.

This information will be treated confidentially and will be separated from your application on receipt. This information will not form part of your application and will not be seen by the panel shortlisting or interviewing applicants.

If you choose not to complete this form, your application will not be affected. You may also send this form in a separate envelope if you wish.

Name

Please choose one option from each of the sections listed below and then tick the appropriate box.

Your age

..... years months

Your sex

- Male
- Female
- Other

Is your gender identity the same as the gender you were originally assigned at birth?

- Yes
- No
- Prefer not to say

Your ethnic group (options are listed alphabetically)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, (specify if you wish)

Black or Black British

- Caribbean
- African
- Any other Black background, (specify if you wish)

Chinese or other Asian ethnic group

- Chinese
- Any other Asian ethnic background, (specify if you wish)

Mixed

- White and Asian
- White and Black African
- White and Black Caribbean
- Any other mixed background, (specify if you wish)

White

- British
- Irish
- Gypsy or traveller Any other white background, (specify if you wish)

Religion or belief

Which group below do you most identify with?

- No religion
- Bahai
- Buddhist
- Christian
- Jain
- Jewish
- Hindu
- Muslim
- Sikh
- Prefer not to say Other, please state

Sexual orientation

Please indicate whether any of the following apply to you.

- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual
- Other
- Prefer not to say

Disability

Do you consider yourself to have a disability, impairment health condition or learning difference?

- Yes
- No
- Unsure

Please describe your disability, impairment or health condition. You may mark one of the boxes below, or use your own words here.

.....

.....

- Physical impairment or a condition that affects your mobility such as an impairment that requires you to use a wheelchair or affects arm movement
- Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment
- Mental health condition, such as depression or schizophrenia
- Learning difference such as dyslexia
- Learning disability or cognitive impairment such as autism or a head-injury
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- Other, such as disfigurement (please specify)

Pregnancy and maternity

Are you currently pregnant?

Yes

No

Prefer not to say

Are you currently on maternity leave?

Yes

No

Prefer not to say

Thank you for completing the above information. Please attached this to your application form or return in a separate envelope.



**Application for Employment Additional Information
Health History**

Name: Date:

1. Do you have any special aids/adaptations to assist you at work	YES / NO (If yes please give details)
2. Have you ever been denied a job for health reasons?	YES / NO (If yes please give details)
3. Are you having or waiting for treatment or investigation of any kind at present?	YES / NO (If yes please give details)
4. Have you ever suffered any work related ill health?	YES / NO (If yes please give details)
5. Do you have/have you had a medical condition either physical or mental that would affect your ability to perform the proposed job?	YES / NO (If yes please give details)