

Anglia Co-operative

together we make a difference

DIVERSITY MONITORING FORM

It is the Society's Policy to promote equal opportunities in the workplace regardless of a person's age, gender, race, colour or ethnic origin, sexual orientation, marital status, disability, religion or religious belief, status of ex-offenders or any unfair basis of discrimination. Completion of the following form will assist the Society to monitor the effectiveness of this policy.

The information you provide will not be used in the selection process, and will be treated in confidence and used for statistical analysis only.

If you are returning your application into your local Store/Branch and do not wish this monitoring form to be included, please send it direct to: The Human Resources Department, Burch House, Saville Road, Peterborough, PE3 7PR.

PERSONAL INFORMATION

Name: Position applied for:

Gender: Male Female Date of Birth:

Nationality:

ETHNIC ORIGIN

White Asian or Asian British
Mixed Black or Black British
Chinese or Chinese British Other ethnic group, Please specify

DISABILITY

The disability Discrimination Act 1995 defines a person as having a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.

Do you consider yourself to have a disability as defined? Yes No

JOB APPLICATION FORM
Anglia Co-operative

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The Human Resources Department, Burch House, Saville Road, Peterborough, PE3 7PR
Tel: 01733 225610, Fax: 01733 333827, Email: personnel@arcs.co.uk

Please read and complete this form fully and return it to the Store or Branch where it was issued to you.

VACANCY DETAILS

Position applied for: _____ Location: _____ Department: _____

AVAILABILITY

Full time Part time Weekends Evenings
 For part time positions, how many hours are you available to work each week?: Minimum Maximum

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Earliest start time							
Latest finish time							

How did you hear of this vacancy? _____

PERSONAL DETAILS

Last Name: _____ First Name (s): _____ Title (Mr/Mrs/Miss/Ms/Other): _____

Address: _____
 _____ Post Code: _____

Tel. No. Mobile: _____ Tel. No. Home: _____
 Email address: _____ National Insurance Number:

For certain functions within our Stores it is a statutory requirement that workers are aged over 18 e.g. supervision of alcohol sales, petrol sales and using meat slicing equipment. Please tell us if you are aged over 18 or not. I am aged over 18: YES NO

Emergency contact details:

Name: _____ Relationship: _____
 Telephone Number: _____ Mobile Number: _____

EDUCATION AND TRAINING QUALIFICATIONS

Please also include any technical or professional qualifications you have gained, or are studying for, that may be relevant to the job e.g. Food Hygiene, First Aid etc. Please note, we may ask to see certificates.

Name & Address of School/College/University or Training Organisation	Qualifications/certificates achieved or examinations to be taken	Dates From & To	Results/Grades (or expected grades)

School age applicants only

Are you of compulsory school age? YES NO (Children who reach the age of 16 between 1 September and 31 August remain of compulsory school age until the last Friday in June). Please note, students of compulsory school age require a Work Permit immediately upon commencing employment.

PRESENT OR MOST RECENT EMPLOYMENT

Employer: _____ Address: _____
 _____ Postcode: _____ Tel No: _____
 Job Title: _____ Salary: _____ Notice Period: _____
 Main Duties: _____
 Dates employed : _____ Reason for leaving: _____

PREVIOUS EMPLOYMENT HISTORY (Please use separate sheet if necessary)

From (month/Year)	To (month/year)	Employer's name and address	Job Title Main responsibilities	Salary	Reason for leaving

Please explain any periods of non-employment within the last two years. If you have claimed benefits, please detail the full dates and type of benefit claimed.

YOUR SKILLS AND EXPERIENCE

In support of your application please tell us about any other experience/skills you have gained, whether within the working environment or outside e.g. community or voluntary work, special responsibilities at school/college or hobbies and interests. (Please use separate sheet if necessary).

GENERAL

I can provide documentation to prove that I am legally entitled to work in the UK: YES NO

Have you previously worked for the Society? YES NO Do you have another job you will continue with if you were employed? YES NO

If yes, please give details: _____

Do you have any relatives/friends employed by the Society? YES NO If yes, please give details: _____

Have you been convicted of a criminal offence which is not yet 'spent' under the Rehabilitation of Offenders Act 1974? YES NO

If yes, please give details _____

Please note that for certain positions a basic criminal records disclosure may be required to confirm the accuracy of the information supplied here. Any information provided will be treated in strictest confidence.

Do you have a current UK driving licence? Provisional Full No

Do you have any current endorsements? YES NO If yes, please give details _____

Please tell us how you plan to travel to work: Public transport Walk Own car Shared transport/lift

GENERAL HEALTH AND FITNESS FOR WORK

INTERVIEW REQUIREMENTS

The Society is committed to the employment of disabled people and will carry out reasonable adjustments to the working arrangements in accordance with this aim. The Disability Discrimination Act 1995 defines a person as having a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.

Do you have a disability as defined? Yes No

If you consider that you have a disability please provide full details below and tell us if you need any special adjustments to be made to allow you to attend for interview: _____

HEALTH DETAILS

How many days sickness absence in total have you had in the last 12 months? On how many occasions were you absent?

What was/were the reason(s) for your absence(s)? _____

FITNESS DETAILS

This role may require you to carry out strenuous physical work, such as manual lifting of heavy goods

Have you ever suffered from an injury or ill health which would prevent you from carrying out strenuous physical work? Yes No

Do you suffer from a medical condition or recurrent illness which would prevent you from any repetitive manual activities? Yes No

EMPLOYEES APPLYING FOR FOOD HANDLING ROLES ONLY

Information required under the Food Hygiene Regulations:

1. Have you now, or have you over the last seven days, suffered from diarrhoea and/or vomiting? YES / NO
2. At present, are you suffering from:
 - i) skin trouble affecting hands, arms or face? YES / NO
 - ii) boils, styes or septic fingers? YES / NO
 - iii) discharge from eye, ear or gums/mouth? YES / NO
3. Do you suffer from:
 - i) recurring skin or ear trouble? YES / NO
 - ii) a recurring bowel disorder? YES / NO
4. Have you ever had, or are you now known to be a carrier of Typhoid, Tuberculosis or Paratyphoid? YES / NO
5. In the last 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from Typhoid, Tuberculosis or Paratyphoid? YES / NO

YOUR DECLARATION

DATA PROTECTION

I agree, by virtue of signing this application form agreement, to the Anglia Regional Co-operative Society Limited processing such information as may be necessary for the proper administration of the employment relationship, before, during and after employment, including the provision of references, provided that proper regard is given to such data protection principles as may be in force.

I agree that should I be successful in my application that my appointment is subject to satisfactory references, a six month probationary period during which my employment may be terminated by the Society's independent decision, my adherence to the policies, rules and procedures within the Colleagues Handbook/Guide and to the validity and accuracy of the information I have provided.

Validity: I declare that the information given on this Application Form is true to the best of my knowledge and belief, and I understand that if it is subsequently discovered that any statement is false, misleading or cannot be substantiated that I may be discharged from employment by the Society.

IMPORTANT PLEASE SIGN HERE

Signature: _____ Date: _____

Thank you for your application for employment with Anglia Co-operative.

We hope that your application is successful, however if you do not hear from us within 4 weeks of submitting your application, then unfortunately on this occasion you have been unsuccessful. It is the Society's policy to retain the details of unsuccessful applicants no longer than six months.

We would be grateful if you could complete the Diversity Monitoring Form enclosed within this application form, which will be treated in confidence and used for monitoring purposes only by the Human Resources Department

[We thank you for your interest](#)



FOR OFFICE USE ONLY (REGISTRATION OF NEW EMPLOYEES)

Particulars must be completed for EVERY new employee, and this fully completed application form forwarded to the PAYROLL DEPARTMENT IMMEDIATELY WHEN THE EMPLOYEE COMMENCES

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JOB OFFER DETAILS

Branch: _____ Dept: _____ Start Date: _____
 Surname: _____ Forenames: _____ Date of birth: _____
 Job Title: _____ Salary/Pay Rate: _____ All Inclusive: _____ Full time/Part time
 If in Full-time education, state here: Yes / No If in receipt of any Pension, state here: Yes / No

All employees are appointed on a permanent basis unless the position they have been recruited for is genuinely temporary i.e. seasonal or to cover for other temporary need.

If the position is temporary, the reason for this is: Seasonal/Maternity cover/Long term sick cover/Peak workload, or other _____
 The likely duration of temporary employment is _____ weeks/months or until _____ (date)

The normal working hours are:

Sun	Mon	Tues	Weds	Thurs	Fri	Sat	TOTAL

If the applicant has secondary employment, what will their total weekly hours of work be _____

BANK ACCOUNT DETAILS

Name of Bank/Building Society: _____ Branch: _____ Sort Code: ____/____/____/____/____/____
 Account No: ____/____/____/____/____/____/____/____/____/____ Building Society Reference No: ____/____/____/____/____/____/____/____/____/____
 Account holders name _____ If different to employee's name, the reason for this is: _____

MANAGER'S TO SIGN AND COMPLETE THIS CHECKLIST TO ASSIST WITH THE EFFICIENT ADMINISTRATION OF YOUR NEW COLLEAGUE.

Copies of Right to Work documents enclosed * YES Work Permit enclosed YES N/A
 (Employees of compulsory school age)
 P45 enclosed YES Fully completed Job Application Form YES
 Bank details completed YES

MANAGERS SIGNATURE: **Date:**

* This can be either;
 • A UK passport/other National Passport/Identity Card, OR
 • P45, P60, or National Insurance card and a copy of the employees birth certificate

HR OFFICE USE ONLY

Date information sought	Reference details	Printed/Returned	Notes

Contract Definition: