



APPLICATION FORM Part I – Personal Details

Please complete this form in black ink in your own handwriting and return it to the following address:

Bale Group Limited, 90 Durham Way, Heathpark Industrial Estate, Honiton, EX14 1SQ

Failure to complete this application form fully or correctly will render the application void. If you need further space, please use a separate sheet of paper.

Post applied for:-			
Title (please circle)	Mr, Mrs, Ms, Miss, Other:	Forenames	
Surname		National Insurance No:	
Address		Home ☎	
		Mobile ☎	
		email	

Please note, to enable us to comply with our obligations under the Immigration, Asylum and Nationality Act 2006, you will be asked to provide written proof of your right to work in the United Kingdom, before any job offer is made to you. You will be given details of the original document or documents which are required at the appropriate time.

What current driving licences do you hold?	NONE CAR CAT B HGV CAT C	HGV CAT C+E ADR TACHO CARD
Give details of any endorsements?	Date	Offence code
		Penalty

Do you have any connection or are you related to any person in the employ of The Bale Group?	
YES / NO. If yes, please give details.	
Have you previously worked for us?	YES / NO If yes, when and in what capacity?
How did you hear about this vacancy?	
If offered this position, will you continue to work in any other capacity?	YES / NO If yes, please give details including hours per week.
Date available to start work.	

APPLICATION FORM Part II – Employment History

Please give details of your employment starting with the most recent.

Present or most recent employer

Name & Address of Employer	Job Title	Dates Employed
	Salary and other benefits	Reason for leaving
Nature of employer's business		
Your main responsibilities		
Your main achievements		

Previous employment

Name & Address of Employer	Job Title	Dates Employed
	Nature of employer's business	Reason for leaving
Your main responsibilities		
Your main achievements		

Previous employment

Name & Address of Employer	Job Title	Dates Employed
	Nature of employer's business	Reason for leaving
Your main responsibilities		
Your main achievements		

Please continue on a separate sheet of paper if you wish to provide more previous employers.

Reasons for any gaps in employment

Details of relevant experience (gained inside or outside of work)

APPLICATION FORM Part III – Education, Qualifications and Training

Please give details of your education, qualifications and any relevant training including vocational qualifications.

Education, qualifications and membership of professional bodies

Dates	Name and address of School, College, University or name of awarding body	Qualification
Dates	Name of professional body	Level of professional membership

Other relevant training courses

Date	Awarding body or name & address of trainer	Subject	Expiry date (if applicable)

APPLICATION FORM Part IV – Referees and Declaration

Please give details of your professional and character referees and sign the declaration below.

Give details of two referees, one of whom should be your present/last employer. Referees must not be related to you and should be able to comment on your ability to perform the job you are applying for. Please advise your referees that they may be both written to and telephoned. References may be taken up prior to any offer of employment unless you have indicated otherwise below.

Name		Name	
Occupation		Occupation	
Address		Address	
Contact ☎		Contact ☎	
May we contact this referee before an offer of employment is made?	YES / NO	May we contact this referee before an offer of employment is made?	YES / NO

Sign and date the declarations and authorisations below:	
<p><i>I declare that the information given by me, to the best of my knowledge, is true and complete.</i></p> <p><i>I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.</i></p> <p><i>In accordance with the Data Protection Act 1998, I hereby authorise the Bale Group to process the information contained in this application form in its manual and/or electronic filing systems for the purposes of recruitment and, if successful, for employment purposes.</i></p> <p><i>If my application is successful, I authorise the Bale Group to verify any of the information I have given in this form.</i></p> <p><i>If my application is unsuccessful, I understand that the Bale Group may retain my application, in case a suitable position should arise, for up to six months, after which the application will be destroyed.</i></p>	
Name (Block capitals)	
Date	
Signed	

Please provide a statement in support of your application.



Equal Opportunities Monitoring Form

This information is required so that we can monitor the implementation of our Equal Opportunities Policy. It will assist us to accommodate any special requirements you may have in order to attend an interview and enable us to compile statistical information about applicants in relation to gender, age, ethnic background and disability for the purposes of comparison with similar statistical information on those actually recruited. It will not be used for any other purpose, and will not be looked at by those short listing or interviewing candidates. We would encourage you to complete it so that we can have a full picture of our recruitment and selection patterns.

Name:		
Date of birth:		
Gender	Male / Female *	
Position applied for:		
Do you have any disabilities?	Yes / No *	
Do you have any special requirements in order to enable you to attend an interview?	Yes / No * (if yes, please state requirements below)	
How would you describe your ethnic origin? Please indicate one of the following categories:		
White - British	<input type="checkbox"/>	
White - Irish	<input type="checkbox"/>	
White - Other (please specify)	<input type="checkbox"/>	
Black - African	<input type="checkbox"/>	
Black - Caribbean	<input type="checkbox"/>	
Black - Other (please specify)	<input type="checkbox"/>	
Asian - Indian	<input type="checkbox"/>	
Asian - Pakistani	<input type="checkbox"/>	
Asian - Bangladeshi	<input type="checkbox"/>	
Asian - other (please specify)	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	
Mixed - White and Black Caribbean	<input type="checkbox"/>	
Mixed - White and Black African	<input type="checkbox"/>	
Mixed - White and Asian	<input type="checkbox"/>	
Mixed - Other (please specify)	<input type="checkbox"/>	
I prefer to describe my ethnic origin in another way (please specify)	<input type="checkbox"/>	

*please delete as appropriate

I hereby give my consent for the information contained in this form to be processed for monitoring purposes.

Signature:		Date:	
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