

application for employment introduction

important

This Kolorcraft job application pdf includes three sections: job application form, medical questionnaire and monitoring form.

You can complete these forms on screen, save the pdf and return via email to careers@kolorcraft.com

signatures

Please tick the checkbox and date the declaration after completing the application and medical sections. You will be asked to sign by hand if you're invited for an interview.

alternatively

Complete the forms enclosed within this pdf, print out, sign by hand and return to:

The Human Resources Department
Kolorcraft Ltd
Concept House
Ossett
WF5 9JE





kolorcraft
group

effective retail communication

application for employment confidential

position applied for

Job title

Closing date

please print in block capitals

Your full name

Address

contact telephone number

Daytime

Evening

When completed please return to careers@kolorcraft.com

T: 01924 - 780780



important note

Thank you for requesting an Application Form. Please read the following notes before completing the form. If you require assistance with this form, feel free to contact the address on page 1.

- complete the Recruitment Monitoring Form and sign the declaration on the sheet
- return to the above address on or before the closing date

please

- read any enclosed additional information before completing the form
- complete the form using black/dark blue ink or type for photocopying purposes
- give all the required information about yourself and tell us why you think you are suitable for the job
- complete the Pre-employment Medical Questionnaire and sign the declaration on the sheet

references

It is our policy to take up references for short-listed candidates. Please give names and addresses of two referees who know you well enough to comment on your suitability for the post. One of them must be your present or most recent employer. If you have not been previously employed, give the name of a responsible person who knows you well, but is not a relative.

Give your former name if different from that above, to ensure we are asking for the correct reference.

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

referee

Name	Name
Status/Job title	Status/Job title
Address	Address
Tel no	Tel no

No approach will be made to your present employer before an offer of employment is made to you.

education and qualifications

Please give details of your education and qualifications. Make sure you include professional qualifications.

Qualification	Results/grades	Where obtained

training

List all training courses undertaken including practical, in-house, commercial and special training courses. Include any apprenticeships, training schemes, evening classes and adult education.

Course and training details	Results/grades	Where obtained

driving

Do you hold a current UK driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have regular use of a car?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

declaration

Have you ever been convicted of a criminal offence? (Declaration subject to The Rehabilitation of Offenders Act 1974)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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availability

Please tell us if there are any dates when you will not be available for interview.

health

If you have a disability, please tell us about any adjustments we may need to make to assist you at interview.

Please note: You will be required to complete a pre-employment medical questionnaire.

employment history

List below present and past employment, beginning with your most recent.

Name and address of employer	Date from/to
	/
	Starting salary
	Leaving salary
	Notice period
Job title: describe the work you did	
Reason for wishing to leave	

Name and address of employer	Date from/to
	/
	Starting salary
	Leaving salary
Job title: describe the work you did	
Reason for leaving	

employment history continued

List below present and past employment, beginning with your most recent.

Name and address of employer	Date from/to	/	Starting salary	Leaving salary
Job title: describe the work you did				
Reason for leaving				

additional information

Please tell us why you applied and give examples of things that you have done that make you particularly suited to the role. (Continued on next page)

additional information continued

How did you learn of this vacancy?

I DECLARE THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.
I accept that providing deliberately false information or withholding relevant information could result in my dismissal.

Signed _____ Date _____

for office use only

Date received _____ Qualifications checked _____ References taken up by _____

Yes No Telephone In writing

Reason for de-selection

1 Experience <input type="checkbox"/>	3 Training <input type="checkbox"/>	5 Circumstances <input type="checkbox"/>	7 Skills <input type="checkbox"/>
2 Qualifications <input type="checkbox"/>	4 Knowledge <input type="checkbox"/>	6 Dispositions <input type="checkbox"/>	

Comments

pre-employment medical questionnaire

confidential

please print in block capitals

Your full name

Date of birth

Name/address of GP

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please complete

The information you provide will be treated confidentially and is needed to ensure your safety and that of others.

do you, or have you in the past, suffered from any of the following?

Heart problems, high blood pressure, angina	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Circulatory problems such as thrombosis or varicose veins	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Epilepsy or fainting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bone fractures	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Problems with joints or tendons, arthritis or rheumatism	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Back problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Colour blindness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dermatitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other significant health problem such as impaired hearing or vision	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

have you?

Suffered any form of work related injury in the past	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Worked in an environment with high levels of noise, dust or vibration	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

are you?

Currently taking any form of medication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Currently receiving medical treatment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

additional information

Please provide further information for all questions answered Yes

I DECLARE THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

The withholding, falsification or omission of relevant information by a successful candidate is grounds for disciplinary action being taken.

Signed

Date



kolorcraft
group

effective retail communication

recruitment monitoring form confidential

please print in block capitals

Your full name

Date of birth

Male

Female

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equal opportunity

Kolorcraft Ltd is an equal opportunities employer. Our aim is to ensure that no applicant or employee receives less favourable treatment on the grounds of sex, marital status, disability, colour, race, ethnic origin or age. Any information disclosed will not jeopardise your chances of being offered a position if suitable.

In order to ensure that our policy is effective, applications are monitored as recommended by the Equal Opportunities Commission and the Commission for Racial Equality.

disability

Do you consider yourself to have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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additional information

Please provide further information for all questions answered Yes

ethnic classification

I would describe myself as (please tick)

White	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black - Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black - African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black - Other	<input type="checkbox"/>	Other - please specify	<input type="checkbox"/>
Indian	<input type="checkbox"/>		

Name	Signed	Date