



## APPLICATION FORM FOR EMPLOYMENT

PLEASE WRITE CLEARLY IN BLACK INK

Have you ever applied for a post with Bristol Laboratories before. If Yes, which post and when? \_\_\_\_\_

Full Name: Mr/Ms/Mrs/Miss \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. Home: \_\_\_\_\_

Work: \_\_\_\_\_ (Optional)

Date of Birth: \_\_\_\_\_

Post applied for: \_\_\_\_\_

	Yes	No
Do you need a Work Permit to take up employment in the U.K.?	<input type="checkbox"/>	<input type="checkbox"/>
Do you speak any foreign languages? If Yes, please state		

Have you been convicted of any criminal offences? If yes, please give details?	<input type="checkbox"/>	<input type="checkbox"/>
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\_\_\_\_\_  
\_\_\_\_\_

Notice Period: \_\_\_\_\_



## EMPLOYMENT HISTORY

Current & most recent employer	Dates From / To	Job Title	Salary	Reason for Leaving

## EDUCATION

School	Dates From / To	Subject and Level	Examination Results

## FURTHER AND HIGHER EDUCATION

College / University / Institute	Dates From / To	Subject and Level	Examination Results

## Membership of Professional Organisations

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Please provide details of skills, knowledge and achievements which you feel are relevant to this application.

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(Please continue on a separate sheet if necessary)



**HEALTH**

**PLEASE TICK THE APPROPRIATE BOXES**

Do you consider yourself to have a disability? Yes  No

Are you a registered disabled person? Yes  No

Are you presently receiving any medical or specialist treatment? Yes  No

If Yes, please give details

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How many days have you lost through sickness absence in the last two years? \_\_\_\_\_

Have you suffered, or do you currently suffer, from any serious illness which may affect work?

If so, please give details

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Have you had any major operations? If so, please give details

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When were your eyes last tested? \_\_\_\_\_

Whilst not included, you may think it appropriate to mention your hobbies, interests etc.

**REFERENCES**

**Name, Address & Telephone Number**

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**Name, Address & Telephone Number**

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**Occupation**

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**Occupation**

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Please provide a referee from your current or previous employer and tick if you do not want us to contact them before an offer is made

**DIVERSITY AND EQUALITY STATEMENT**

Bristol Laboratories is committed to an Equal Opportunities Policy in employment and will assess for jobs without regard to gender, age, race, colour, disability, sexual orientation, nationality, ethnic or national origin or marital status.

**NOTE: Do not seek a reference unless an offer is given**

Please fill in this form as fully as possible so that we can monitor the implementation of our Equal Opportunities Policy.

The answers you provide in this section will be treated in the strictest confidence and will only be used for statistical monitoring. This section will be detached from the application form before the short listing and interview process begins.

**PLEASE TICK THE APPROPRIATE BOXES**

I am:                    Male                            Female       

Marital Status:      Married                        Other       

I would describe my ethnic origin as:

*White*

British        Irish        Any other white background   

*Mixed*

White and Black Caribbean        White and Black African                   

White and Asian                        Any other mixed background                   

*Asian or Asian British*

Indian                                        Pakistani                        Bangladeshi   

Any other Asian background   

*Black or Black British*

Caribbean                        African                        Any other Black background   

*Other Ethnic Group*

Any other Ethnic Group        please state

*Religious Belief (Optional)*

Christian                        Buddhist                        Hindu                        Jewish   

Muslim                        Sikh                        Other                        No Religion   

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**DECLARATION**

I confirm that the information contained in this application is correct and that any false information may disqualify me from employment or render me liable for dismissal

Signed

Date