

Attach 2 passport size photos here

Application Form

Please complete all sections in **Black ink** with **Block Letters.** You must complete this form even if you are submitting your own CV.

All applications will be treated in the strictest confidence

Position Applied For			Rate of pay (Office use only)			
Where did you hear about Goldsmith Personnel?						
Availability to Work						
Full time	Part	time	Nig	ghts		Live in
		Pe	rsonal De	tails		
Full name					Title	
Date of Birth						
Address						
Talanhana numbara		Home				
Telephone numbers		Mobile				
Email address						
National insurance number						
Passport number	rt number			Issue Date		
Do you own a car?		YES / NO		Do you have current lice		YES / NO
If yes, licence type	Provisional / Full		-ull	Will you be your car fo		YES/NO

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Driving licence number		
		If yes, give details including dates
Do you have Business Insurance?	YES / NO	

Education and Qualifications

Please list details of any studies you have undertaken and qualifications gained.

Secondary School/ College/ University	From	То	Subject	Qualification / Grade

Training

Please give details of any training you have had which you feel maybe relevant, including any on the job training.

Date	Duration	Title of training/ brief Description

Employment History

Start with your current employer working backwards. List full employment history including, and if applicable periods of unemployment or absenteeism. (Use additional pages as necessary)

1. Current Employer:	Position Held
Address	Employed From: To:
	Pay and Benefits
	Reason for Leaving
Duties	
2. Name of Employer:	Position Held
Address	Employed From: To:
	Pay and Benefits
	Reason for Leaving
Duties	
3. Name of Employer:	Position Held
3. Name of Employer: Address	Employed From:
	Employed From: To:
	Employed From: To: Pay and Benefits
Address	Employed From: To: Pay and Benefits
Address Duties	Employed From: To: Pay and Benefits Reason for Leaving Position Held Employed From:
Address Duties 4. Name of Employer:	Employed From: To: Pay and Benefits Reason for Leaving Position Held
Address Duties 4. Name of Employer:	Employed From: To: Pay and Benefits Reason for Leaving Position Held Employed From: To:
Address Duties 4. Name of Employer:	Employed From: To: Pay and Benefits Reason for Leaving Position Held Employed From: To: Pay and Benefits

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5. Name of Employer:	Position Held
Address	Employed From:
	То:
	Pay and Benefits
	Reason for Leaving
Duties	

Referees

Please provide a minimum of 2 references. One of these reference must be your last employer. Family members may not be used for work references.

Work reference (most recent employer)			
Name			
Address			
Organisation			
Occupation			
Telephone number			
Email address			
2. Work reference			
Name			
Address			
Organisation			
Occupation			
Telephone number			
Email address			

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Character Reference				
Name				
Address				
Organisation				
Occupation				
Telephone number				
Email address				
Next of kin (Emergency con	tact)	Relationship to you:		
Address:		Contact Number:		
Criminal Convictions				
Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants which for the purpose are 'spent' un	4) does not ap are therefore der the provis	oplying for, the provisions of Section 4 (20 of the oply by virtue of rehabilitation of Offenders Act 1974 not entitled to withhold information about convictions ions of the Act, and in the event of employment, any your removal from our register. Any information you		
Should you be successful in the interview and selection process for Goldsmith Personnel Ltd, it will be necessary for an enhanced disclosure from Criminal Records Bureau before commencing work.				
Have you ever been convicted pending YES ☐ NO		nal offence or cautioned or have any hearing		
If YES please give further informa	ation			

DECLARATIONS

• Declaration of Criminal Convictions

I declare that all the information given in this declar	ration is correct.
Name:	
Signature:	
Date:	
Declaration	
I declare that all the information given on this form	is correct.
Name:	
Signature:	
Date:	
Goldsmith Personnel retains the right to reject without g form is found to be false you will not be considered for e	

Equality and Diversity Monitoring Form

The information you enter on this Equality and Diversity monitoring form will be used for monitoring only and will not be used for any other Purpose.

Monitoring information:

As an organisation we are required to collect details about an employees/applicant's age, gender, ethnicity, religious beliefs and disabilities. This is to ensure they meet their statutory requirements and to encourage the recruitment of a diverse workforce that represents the communities they serve. This information is collected to fulfil that obligation.

Goldsmith Personnel Ltd is committed to equal opportunities. No employee/applicants will be discriminated against on the grounds of colour, race, ethnic origin, age disability, gender, sexual orientation, marital status or religion.

Gender		
☐ Male ☐ Transgender Male	□Female □ Transgender female	☐ I do not wish to disclose my gender
Marital Status		
☐ Single ☐ Divorced	☐ Married/civil Partnership	□ Partner
Age		
□ 16-24 □ 45-54	□ 25-34 □ 55-64	□35-44 □ 65 +

Race Relations (Amendment) Act 2000

I would describe my ethnic origin and nationality as (please tick)

| Ethnic origin Chinese or |
|---------------|---------------|---------------|---------------|--------------------------|
| White | Mixed | Asian & Asian | Black & | other ethnic group |
| | | British | Black British | |

Employment Equality Regulations 2003

Please select the option which best describes your sexuality (please tick)		
☐ Lesbian/Gay Woman	☐ Heterosexual	
☐ Gay Man	☐ I do not wish to disclose my sexual orientation	
☐ Bisexual		
Please indicate your religious belief	(please tick)	
☐ Atheism	☐ Sikhism	
☐ Buddhism	□Jainism	
☐ Christianity	☐ Hinduism	
☐ Islam	☐ Other	
□ Judaism	☐ I do not wish to disclose my religion/belief	

Disability Discrimination Act 1995

The disability Discrimination Act protects disabled people. This includes people with long-term health conditions. If you tell us that you have a disability we can make reasonable adjustments to where you work and your work arrangements or at interviews.

Do you consider yourself to have a disability?		
☐ Yes	□ No	☐ I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.		
□ Physical impairme		☐ Learning Disability/Difficulty
☐ Sensory Impairme	nt	☐ Long-standing illness
☐ Mental Health Cor	ndition	☐ Other