

## Personal Record Form

**PRIVATE & CONFIDENTIAL**

Mr/Mrs/Miss/Ms  
Surname

Previous surname (if applicable)

First Names

Permanent Address

Telephone Numbers:

Home

Business

Mobile

Current Driving Licence      YES/NO

Car Owner      YES/NO

Position Applied for

How did you learn about this position



Everards Brewery is an age positive employer and welcomes applications from across a variety of ages



## Part 1 Education and professional status

Dates	School – University Technical College etc	Courses & Examinations taken – Qualifications gained	Sports and Societies – Other Activities

## Membership of professional bodies

Dates	Professional body	Membership grade	How Obtained



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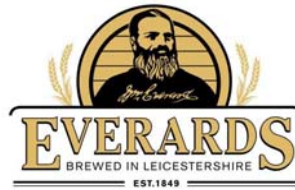


## Part 2 Working Life

Dates	Employer (please enter most recent first) – Name, address, nature of business and number employed	Position or Rank	To whom responsible	Main duties and responsibilities	Salary Start	Salary Finish	Reason for leaving



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## Part 2 Working Life (continued)

Dates	Employer (please enter most recent first) – Name, address, nature of business and number employed	Position or Rank	To whom responsible	Main duties and responsibilities	Salary Start	Salary Finish	Reason for leaving

Have you ever applied to, or been employed by, Everards Brewery Ltd Head Office, Managed House or Tenancy YES/NO  
If yes please give details

Do you have the right to work in the UK? YES/NO  
If yes, please note that you will be required to produce your National Insurance details / passport / work permit or other relevant documentation on commencement of employment



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## Part 2 Continued

Job aspects you have most enjoyed in your career so far

What do you do particularly well?

## PART 3 Medical History

DO YOU SUFFER FROM, OR HAVE YOU EVER HAD, ANY OF THE FOLLOWING

- |                   |                          |                                       |                          |
|-------------------|--------------------------|---------------------------------------|--------------------------|
| Heart Disease     | <input type="checkbox"/> | Anaemia or other blood disorders      | <input type="checkbox"/> |
| Lung Complaint    | <input type="checkbox"/> | Eye or Ear Complaint                  | <input type="checkbox"/> |
| Stomach Complaint | <input type="checkbox"/> | Rupture                               | <input type="checkbox"/> |
| Nerve Complaint   | <input type="checkbox"/> | Accident or operations                | <input type="checkbox"/> |
| Skin Complaint    | <input type="checkbox"/> | Back Complaint                        | <input type="checkbox"/> |
| Kidney Complaint  | <input type="checkbox"/> | Any other illness or disability       | <input type="checkbox"/> |
|                   |                          | If disabled please state number ..... |                          |

Are you aware of having any infectious disease or any illness which could affect your performance at work or result in absence from work. If so give details on a separate sheet.

DO YOU SMOKE YES/NO



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## Part 4 Additional Information

Your Leisure interests and activities – including membership of any clubs or social organisations

Any further information you wish to record

Please give any dates when you would not be available for an interview

If this appointment is offered to you when would you be able to commence

### Referees (Please give details of two previous employers who we may contact – your current employer will not be contacted unless a formal offer of employment is accepted)

Name.....	Name.....
Address.....	Address.....
.....	.....
Telephone Number.....	Telephone Number.....

### Declaration (Important, please read carefully before signing)

I certify that all statements made by me on this application form are true and correct to the best of my knowledge. I fully understand that any false or misleading information given will make me liable to instant dismissal. I give my consent for referees to be contacted.

Date .....

Applicant's signature.....

Data Protection. The Data Protection Act 1998 ("the Act") sets out to certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights.

Except to the extent we are required or permitted by law, the information which you provide in this application form, and any other information or provided during the course of your application ("the information") will be used solely for the purpose of assessing your application.

If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, we would be grateful if you would sign the consent below.

**I consent to the use of my personal information for the purposes, and on the terms, set out above.**

Date .....

Applicant's signature.....

**Thank you for completing this form, the information will be regarded as strictly confidential**



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## EQUAL OPPORTUNITIES MONITORING FORM

Everards Brewery Limited operates a policy of equality and fair treatment in employment. We aim to ensure that all job applicants are treated fairly, regardless of gender, age, ethnic origin, disability and religion or belief. The information from this form is to monitor the effectiveness of this policy. Please complete the form and return it with your application. It will be removed from your application and the information you have provided will be used for statistical monitoring purposes. It will not be seen by the interviewer.

## DATA PROTECTION STATEMENT

The information provided on this form will be used initially for recruitment purposes only. If you are unsuccessful, the form will be retained for approximately 4 months and then shredded. If successful, the form will be filed and some data entered into our personnel databases for administrative purposes only.

NAME

SEX

MALE

FEMALE

WHAT IS YOUR ETHNIC GROUP?

(Choose ONE section from A to E, please tick the appropriate box to indicate your cultural background)

A. White

British

Irish

Any other White background  
(please write below)

B. Mixed

White & Black Caribbean

White Black & African

White & Asian

Any other Mixed background  
(please write below)

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background  
(please write below)

D. Black & Black British

Caribbean

African

Any other Black background  
(please write below)

E. Chinese or Other Ethnic Group

Chinese

Any other Mixed background  
(please write below)

WHAT IS YOUR RELIGION OR BELIEF?

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

None

Prefer Not to Say

Other (please specify)

DISABILITY

Do you consider yourself to have a disability as defined by the Disability Discrimination Act 1995.

Yes

No

Please indicate the nature of your disability and outline any adjustments to the work place you may need to assist you.

DATE OF BIRTH

TITLE

Mr

Mrs

Ms

Miss

Thank you for completing this form. Please return it with your job application.

**This form will not be seen by the interviewer.**

Everards is

Age Aware



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