**APPLICATION FORM**

Please complete this form and send either by email to [applications@bst-detectable.com] or post addressed to FAO Carol Thomas, BST Detectable Products, Unit 7 Delta Court, Sky Business Park, Robin Hood Airport, Doncaster DN9 3GN.

*All applications of employment will be treated in strict confidence.*

**How did you hear about this vacancy?**

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| **Personal Details** |

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| **Full Name:** |  |
| **Address Details:** |  |
| **Email Address:** |  |
| **Mobile Number:** |  |
| **Home Number:** |  |
| **Do you require a work permit to work in the UK?** |  |
| **Have you ever been convicted of a criminal offence?**  |  |

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| **Education & Qualifications** |

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| **Secondary School and College:** |  |
| **Undergraduate University:** |  |
| **Postgraduate:** |  |
| **Other courses:** |  |

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| **Work History** |

**List your work history in the order of the most recent first.**

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| **Date** **From - To** | **Employer** | **Position Held** | **Salary** | **Reason for leaving**  |
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| **Description of your main duties and responsibilities:** |

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| **Date** **From - To** | **Employer** | **Position Held** | **Salary** | **Reason for leaving**  |
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| **Description of your main duties and responsibilities:** |

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| **Date** **From - To** | **Employer** | **Position Held** | **Salary** | **Reason for leaving**  |
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| **Description of your main duties and responsibilities:** |

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| **Date** **From - To** | **Employer** | **Position Held** | **Salary** | **Reason for leaving**  |
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| **Description of your main duties and responsibilities:** |

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| **Questions**  |

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| **Please indicate why you are interested in undertaking this position with BST Detectable products. You should refer to your relevant experience and qualities when answering this question.**  |

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| **Disabilities**  |

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| **BST Detectable Products welcomes applications from people with disabilities. Do you consider yourself to have a disability under the Equality Act 2010? The Equality Act defines disability as:** *‘A physical or mental impairment that has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities’.*  **Yes / No** |

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| **Referees**  |

**Please provide details of two individuals who can be contacted to support your application. One of the referees should be your current or most recent employer. Referees will only be contacted if you are successful.**

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| **Name:**  | **Name:**  |
| **Address:** | **Address:** |
| **Post code:** | **Post code:**  |
| **Tel no:**  | **Tel no:** |
| **Email:** | **Email:**  |
| **Occupation:**  | **Occupation:**  |
| **Capacity known to you:**  | **Capacity known to you:**  |

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| **Certification**  |

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| I certify that the information I have provided in this application is complete and true to the best of my knowledge and belief. I understand that any false information provided knowingly, or the withholding of any relevant information, may lead to the withdrawal of any offer of employment or termination of employment. **By signing below, you confirm that you accept and understand the above statement.** Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If you are posting the application, please sign. If you are sending it via email, we will ask you to sign above at interview.All information provided is held in accordance with the **General Data Protection Regulations 2008.**  |