

Job Application Form

Thank you for starting your job application to Strategic Team Group.

Strategic Team Group is an equal opportunities employer and employs great people based on their individual qualifications, ability, determination and commitment to succeed.

We place great emphasis on developing initiatives and procedures that ensure equality of opportunity for every team member.

Strategic Team Group considers applicants for all positions regardless of gender, race, ethnicity, disability, age, sexual orientation, religion or belief.

YOUR PERSONAL DETAILS

Title: _____

Forename(s): _____

Surname: _____

Address: _____

Postcode: _____

NI number: _____

Home telephone: _____

Work telephone: _____

Mobile telephone: _____

Email address: _____

Can we contact you at work?: Yes No

ELIGIBILITY TO WORK IN THE UK

Are you legally permitted to work in the UK?:

Yes No

Do you have any employment restrictions?:

Yes No

If Yes, please specify: _____

EMPLOYMENT SOUGHT

Position applied for OR: _____

What type of work would you be interested in?

Date available for work: _____

Type of employment desired:

Full time Part time Temporary

What attracts you to Strategic Team Group?: _____

Have you worked for Strategic Team

Group previously?:

Yes No

If Yes, please specify: _____

Do you have any friends/relatives that
work for us?:

Yes No

If Yes, please specify: _____

TRANSPORT

Do you have a current valid

driving licence?:

Yes No

Do you own a car?:

Yes No

If you have any endorsements please provide details.
(please specify number of points and dates): _____

Have you ever been convicted of a drink or drugs
related driving offence?:

Yes No

(declaration subject to the Rehabilitation of Offenders
Act 1974)

CRIMINAL CONVICTIONS

Have you ever been convicted of an offence which has not been regarded as 'spent' under the Rehabilitation of Offenders Act 1974?: Yes No

If Yes, please specify: _____

Please note some of our positions involve working in schools, local government sites and as such we will require you to undergo an Enhanced Criminal Records Bureau search (CRB) to seek clearance for you to work at our sites, in which case spent convictions need to be declared. You will be informed at interview stage whether your application is subject to a CRB search.

YOUR EMPLOYMENT HISTORY

Please provide details of your last 3 employers including any periods of unemployment-start with your current or most recent employer and work back.

Position 1

Employer name: _____

Employer address: _____

Postcode: _____

Your job title: _____

Employment from: _____

Employment to: _____

Description of duties: _____

Reason for leaving: _____

Salary at leaving: _____

Position 2

Employer name: _____

Employer address: _____

Postcode: _____

Your job title: _____

Employment from: _____

Employment to: _____

Description of duties: _____

Reason for leaving: _____

Salary at leaving: _____

Position 3

Employer name: _____

Employer address: _____

Postcode: _____

Your job title: _____

Employment from: _____

Employment to: _____

Description of duties: _____

Reason for leaving: _____

Salary at leaving: _____

REFERENCES

Please list two referees, previous employers preferred. Please note that we will not contact any referees without your consent.

Referee 1

Name: _____

Occupation: _____

Company: _____

Address: _____

Contact telephone: _____

Referee 2

Name: _____

Occupation: _____

Company: _____

Address: _____

Contact telephone: _____

CHECKS ON APPLICATION FORM

The Company may use a licensed agency to confirm the information that you have supplied in your application, by submitting this form you are consenting to such checks to be carried out.

DATA PROTECTION

The information submitted on this form may be held as digital data on computer and or as manual data. This information will only be used for the purpose of recruitment, selection and administration.

DISQUALIFICATION OF AN APPLICANT

Any misrepresentation in this application will be sufficient cause for cancellation of this application and if discovered after appointment, the applicant is liable to be dismissed without notice.

FURTHER INFORMATION

Strategic Team Group Ltd reserves the right to secure additional information about any applicant, if job related.

ELIGIBILITY TO WORK IN THE UK

We will check whether you are eligible to work in the UK if you are invited for an interview. You will be asked to provide one of the following original documents from the list below:

- A UK Passport
- An EU Passport or National Identity Card
- A UK Residence permit issued by the Home Office
- An Application Registration Card issued by the Home Office to an asylum seeker that the holder is permitted to take up employment.

OR two original documents from the following:

- An official document bearing a national insurance number along with:
- A full Birth Certificate OR
- A letter from the Home Office confirming your entitlement to take up employment OR
- An immigration status document

OR

- A Work Permit, along with a:
- Passport

OR

- Letter from the Home Office confirming your entitlement to take up employment

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www.strategicteamgroup.com

DECLARATION

I declare that the information I have given on this form is correct including the information on the equal opportunities monitoring form.

Signed: _____

Date: _____

Office use only

Qualifications certificates verified and copied by:

Date: _____

Signature: _____

ID verified & copied by: _____

Date: _____

Signature: _____



INVESTOR IN PEOPLE

Equal Opportunities Monitoring Form



This form will not be used as part of the selection process; it will be used for monitoring purposes only in line with the Company's commitment to equality of opportunity and managing diversity strategies. The information you provide will be kept confidential.

Completion of this form or any part of it is voluntary

Forename(s) _____ Surname _____

(Please tick the appropriate boxes)

AGE

Under 25 25 to 34 35 to 54 55 to 64 64+

DISABILITY

A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities

Are you disabled?: Yes No

GENDER

Are you?: Male Female Other (please specify) _____

SEXUAL ORIENTATION:

How would you describe your sexual orientation?

Bisexual Gay Hetrosexual Lesbian Prefer not to say

ETHNIC ORIGIN

What is your ethnic group? Choose ONE section from A to E, then tick the appropriate box.

A: White: British, Irish, Any other white background (please state) _____

B: Mixed: White and Black Caribbean, White and Black African, White and Asian,
 Any other mixed background (please state) _____

C: Asian or asian British: Indian, Pakistani, Bangladeshi,
 Any other asian background (please state) _____

D: Black or black British: Caribbean, African,
 Any other black background (please state) _____

E: Other ethnic group: Chinese, Any other background (please state): _____

RELIGION OR BELIEF

What is your religion or belief?

Agnostic Buddhist Christian Hindu Jewish Muslim Sikh
 No Religion Prefer not to say Other (please state): _____

THE INFORMATION CONTAINED WITHIN THIS FORM IS COVERED BY THE DATA PROTECTION ACT 1998.

Thank you for completing this form.