



**Job Application Form (please write clearly in Black ink or type)**

Title of post applied for

Ref:

**PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

Surname: (Mr/Mrs/Ms/Miss)	Forenames:
Address:	Age:
	Date of Birth:
	Tel No. (Home):
	E-mail address:
	Tel No. (Business):
	Mobile No:
	National Ins. No:

**EDUCATION & PROFESSIONAL QUALIFICATIONS  
(ORIGINAL DOCUMENTS AS PROOF OF QUALIFICATION WILL BE REQUIRED AT INTERVIEW)**

Secondary Schools; Colleges; University	Dates		Examinations taken	Date	Result
	From	To			

Professional Qualifications currently held: how obtained, grade and date

Other relevant Educational or Training Courses, with dates:

DavyMarkham Limited, Prince of Wales Road, Darnall, Sheffield S9 4EX, United Kingdom  
tel: +44 (0) 114 244 9971 fax:+44 (0) 114 244 9641 www.davymarkham.com Registration No 5949781





**PRESENT POST**

Title of Post:	Salary:
Name & Address of Employer:	Business of Employer
	Date Commenced:
	Date ended (if applicable)
Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable)	
Reason for leaving or wishing to leave:	
Period of notice required to terminate present employment:	

**PREVIOUS EMPLOYMENT**

Name & Address of Employers	Position held	Dates		Reason for leaving and final grade/salary
		From	To	

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## RELEVANT EXPERIENCE

Please say why you are applying for this post, outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Please use a continuation sheet if necessary.

Where did you see this vacancy advertised?

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## OTHER INFORMATION

What activities outside work interest you? (State any positions held you consider relevant)

Do you hold a current driving licence? YES/NO      Do you own a car? YES/NO

Are you related to any member or employee of DavyMarkham? YES/NO  
If yes, please provide name(s) and state relationship:

**HEALTH**  
Please state the number of days sickness absence in the last 2 years:  
(NB: Successful candidates will be required to complete a full medical questionnaire)

**DISABILITY DISCRIMINATION ACT 1995**  
Are there any adjustments which you think we could make to overcome a disability in relation to the essential requirements of this job? YES/NO  
If Yes, please provide further details (use a continuation sheet if necessary):

## REFERENCES

Names and addresses of two referees, one of whom should be your current or most recent employer:

<p>Tel No: Email Address:</p>	<p>Tel No: Email Address:</p>
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Please indicate if we may contact them prior to interview YES/NO

Please state maiden name if applicable

## DECLARATION

I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated and for details of any sickness absence over the last 2 years to be obtained.  
Signed ..... Date ..... Name .....

Thank you for completing this application. Please return to:  
**HR DEPARTMENT  
DAVYMARKHAM LTD,  
PRINCE OF WALES ROAD,  
SHEFFIELD,  
S9 4EX.**

**Data Protection Act 1998**  
The use of information provided on this form will comply with the requirements of the above Act. It may be processed by computer and is required for operational, managerial information and associated purposes relevant to the maintenance of the Department's systems. Such data may also be used to produce depersonalised statistics.

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## Recruitment Monitoring Form (Confidential)

DavyMarkham is committed to Equal Opportunities in Employment. In order to ensure the effectiveness of this policy, all applicants are asked to provide the following information. Any information given will be treated in the strictest confidence, and will be used solely for the purpose of monitoring.

THIS QUESTIONNAIRE WILL BE SEPARATED FROM THE REST OF THE APPLICATION FORM IMMEDIATELY ON RECEIPT BY PERSONNEL BEFORE ANY CONSIDERATION OF CANDIDATES OCCURS

1. NAME: ..... APPLICATION DATE: .....

2. POST TITLE: .....

Please tick the appropriate box

3. GENDER: Male  Female

4. AGE: 16-20  21-30  31-40  41-50  51-60  61-65

5. ETHNIC ORIGIN\* I would describe my ethnic origin as:

(a) WHITE  
British  Irish  Any other white background (please specify): .....

(b) MIXED  
White & Black Caribbean  White & Black African  White & Asian

Any other mixed background (please specify): .....

(c) ASIAN OR ASIAN BRITISH  
Indian  Pakistani  Bangladeshi

Any other Asian background (please specify): .....

(d) BLACK OR BLACK BRITISH  
Caribbean  African  Any other black background (please specify).....

(e) CHINESE OR OTHER ETHNIC GROUP  
Chinese  Other

6. RELIGION: If applicable please state your religion .....

\* Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated.

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