



**The completed form should be returned to:**

Majestic Group Ltd  
Chequers Hill  
Flamstead, ST ALBANS  
Hertfordshire, AL3 8ET  
info@majestictrees.co.uk

## Personal Details

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Mr/Mrs/Miss/Dr/Rev) First Name Last Name

Address: \_\_\_\_\_ Home Tel. No (with code): \_\_\_\_\_

Town \_\_\_\_\_ County \_\_\_\_\_ How long at this address? \_\_\_\_\_

Post Code \_\_\_\_\_ Day time Tel. No: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Mobile Tel. No: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_ Drivers' License Number: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_ Gender: Female Male

Do you hold a current driving licence? Yes No Do you have the daily use of a car? Yes No

Please provide name(s) and relationship(s) of any partner/relatives (no matter how distant)/close personal friends who are employees of Majestic Group Limited. \_\_\_\_\_

Which position are you applying for? \_\_\_\_\_

Dates available for employment? \_\_\_\_\_

Type of employment? Full-time Part-time Temporary

Where did you see this job advertised? \_\_\_\_\_

**Asylum and Immigration Act 1996** – It is a criminal offence to employ persons whose immigration status prevents them from working in this country. The act does not affect citizens of the UK, Ireland, European Economic Area and the Commonwealth, provided they have the right of abode in the UK.

Do you have a work permit?  No, Not required  Yes. Expires on (dd/mm/yyyy): \_\_\_\_\_

**Criminal Convictions (Rehabilitation of Offenders Act)** - You are not required to disclose convictions which are spent under the Rehabilitation of Offenders Act 1974, unless the post for which you have applied is exempt under that Act.

Have you ever been convicted of any offence by any Court, or received a formal Police Caution? If yes, please give full details. (We will only take them into account if we consider them relevant to the post for which you have applied).

No Yes. \_\_\_\_\_

## Present Employment (if now unemployed give details of last employer)

Name of employer: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_ Date started: \_\_\_\_\_ Date left: \_\_\_\_\_

Job Duties: \_\_\_\_\_ Reason Leaving: \_\_\_\_\_

**DO NOT contact my current employer.**  Wages: £ \_\_\_\_\_

## Previous Employment

Start with the most recent employer first. Provide organisation name, supervisor name and phone number.

Date to and from	Employer Name and Tel. No.	Position	Wage at End	Reason Left

## Voluntary/Unpaid Activities

Date to and from	Organisation	Duties	No. Hours per Week	Reason Left

## Time not already accounted for

Give details of any time not already accounted for (inc. unemployment). Continue on a separate sheet if necessary.

Activity (e.g. unemployed, student)	From	To	Details

## Education, Qualifications & Memberships

Secondary School:	Results/Qualifications:
College:	Results/Qualifications:
University:	Results/Qualifications:
Professional Associations/ Institutes:	Other:
Licenses Held:	

## References

Please give details of two referees whom we may ask about your suitability for the post. Referees must not be related to you. If you are a school/college leaver, please give the name and address of a head teacher/tutor and also the manager of your most recent work experience placement – if applicable.

Name of referee:	Name of referee:
Name and address of organisation:	Name and address of organisation:
Tel. No:	Tel. No:
E-Mail:	E-Mail:
Occupation:	Occupation:
Capacity in which known to you:	Capacity in which known to you:

## Additional Information

Why do you want to work for us?

Please give five words how others describe you.

Please give brief details of hobbies, pastimes, sports you enjoy.

We have a dress code that prohibits any visible tattoos, body piercing (other than women's ears) and counter-culture hairstyles. Do you have any visible tattoos or body piercing? Yes No

Should we decide to offer you the opportunity to join our team, we have a company policy that all new employees should attend a pre-employment drug and alcohol test on their own time at a testing centre nearby. Would you have any objection to going for this test? Yes No

## Declaration

I certify that the information provided is true and accurate and in particular that I have not omitted any facts which may have a bearing on my application. I understand that any subsequent contract of employment with Majestic Group Ltd will be made on the basis of the information I have provided. I understand that a false declaration which results in my appointment will render me liable to dismissal without notice. I give explicit consent that the information which I give on this form be held and used in relation to my application and, if successful, for the administration of my contract of employment in accordance with the Data Protection Act 1998. I agree to Majestic Group Limited carrying out pre-employment screening relevant to my application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

dd / mm / yyyy

# Office Use Only

Date received: .....

Date of interview: .....

Action Taken: .....

Offered Start Date: .....

Offered Start Wage:.....

Declined?    No        Yes    (If yes, give brief details)

Notes:


# RECRUITMENT MONITORING FORM

This sheet will be separated from your application form/CV upon receipt and does not form part of the selection process.

Majestic Group Limited aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, colour, nationality, ethnic or national origins, gender, marital status, family responsibility, age, disability, sexual orientation, trade union activity, or religious belief. In order to monitor the effectiveness of our equality policy, we request that all applicants complete this form. In accordance with Data Protection Act 1988, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our equality policy.

## What is your Ethnic Group

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

### A. White

- British
- Irish
- Any other White background, please write in:

### B. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please write in:

### C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Sikh
- Any other Asian background, please write in:

### D. Black or Black British

- Caribbean
- African
- Any other Black background, please write in:

### E. Chinese or other ethnic group

- Chinese
- Other, please write in

### F. I do not wish to provide this information.

## Disability

Definition of disability according to the Disability Discrimination Act: 'someone with a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities'.

Do you have a disability? If yes, please tick one box and give details in the space below, including any special arrangements you require for interview or work.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| 00 - None.   | <input type="checkbox"/> | 06 - You have mental health difficulties.  | <input type="checkbox"/> |
| 01 - You have a specific learning difficulty (for example dyslexia). | <input type="checkbox"/> | 07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition. | <input type="checkbox"/> |
| 02 - You are blind or partially sighted.                             | <input type="checkbox"/> | 08 - You have two or more of the above.  | <input type="checkbox"/> |
| 03 - You are deaf or hard of hearing.                                | <input type="checkbox"/> | 09 - You have a disability, special need or medical condition that is not listed above.              | <input type="checkbox"/> |
| 04 - You use a wheelchair or have mobility difficulties.             | <input type="checkbox"/> | 10 - I do not wish to provide this information.  | <input type="checkbox"/> |
| 05 - You have Autistic Spectrum Disorder or Asperger Syndrome.       | <input type="checkbox"/> | <b>Registered Disability Card No.</b>  |                          |
-