



Innovia Films Ltd - Station Road, Wigton, Cumbria, CA7 9BG, UK

## *GENERAL*

# APPLICATION FOR EMPLOYMENT

Please complete this form in ink or typescript, using BLOCK capitals and return to: Human Resources Department, Innovia Films Ltd, Wigton, Cumbria, CA7 9BG, UK

|                                |                           |
|--------------------------------|---------------------------|
| Position Applied For           |                           |
| Department                     |                           |
| Available to take up post from | Wage / Salary expectation |

|  |
|--|
| From which source did you learn of the vacancy ? |
|--|

### PERSONAL DETAILS

|   |  |
|---|--|
| (Dr, Mr, Mrs, Miss, Ms) (please delete as appropriate)<br>Surname | Forename(s)  |
| Home Address  | Address for Correspondence<br>(if different from home address) |
|   |  |
|   |  |
| Post Code   | Post Code  |
| Home Telephone Number (including STD code)                        | Telephone Number (including STD code)                          |
| Mobile Telephone Number   |  |

|                           |                       |
|---------------------------|-----------------------|
| National Insurance Number |                       |
| Nationality               | WRS / Work Permit No. |

|   |
|---|
| Please give date(s) on which you will not be available for interview, for example annual holidays |
| Period of notice required   |

|   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| Do you hold a current full driving licence ?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Do you own a car/motorcycle ?<br>(please delete as appropriate) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Have you any current endorsements (give details)                |                              |                             |  |

Are you eligible to work in the UK ? Yes  No

Do you require a work permit ? Yes  No  If Yes, please give details below

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Have you previously been employed by the Company ? Yes  No

If Yes, please give details below (dates employed, positions held etc)

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If offered this position will you continue to work in any other capacity (including voluntary work) ? Yes  No

If Yes, please give details below

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## HEALTH

Current health status

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Have you or have you ever had any of the following:

|                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| a serious operation     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a serious illness       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a serious skin disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Do you smoke ? Yes  No

Do you require any adjustment to working conditions to enable you to do your job? Yes  No

If Yes, please give details below

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Please give details of any sickness/absence from work which has occurred in the last 12 months

Number of occasions \_\_\_\_\_ Total number of days \_\_\_\_\_

Have any of these absences resulted from an accident Yes  No

If yes, please give details:

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## EDUCATION AND QUALIFICATIONS

| School(s)/Colleges etc attended from age 11 | From | To |
|---|------|----|
|   |      |    |
|   |      |    |

| <u>SECONDARY EDUCATION</u> |       |       |      |         |       |       |      |
|----------------------------|-------|-------|------|---------|-------|-------|------|
| Subject                    | Level | Grade | Date | Subject | Level | Grade | Date |
|                            |       |       |      |         |       |       |      |
|                            |       |       |      |         |       |       |      |
|                            |       |       |      |         |       |       |      |
|                            |       |       |      |         |       |       |      |
|                            |       |       |      |         |       |       |      |
|                            |       |       |      |         |       |       |      |

| <u>FURTHER AND HIGHER EDUCATION (Including Apprenticeships)</u> |       |               |      |
|---|-------|---------------|------|
| Name of Establishment   | Level | Subject/Trade | Date |
|   |       |               |      |
|   |       |               |      |
|   |       |               |      |
|   |       |               |      |
|   |       |               |      |

| <u>QUALIFICATIONS CURRENTLY BEING STUDIED FOR</u> |       |         |                     |
|---|-------|---------|---------------------|
| Name of Establishment                             | Level | Subject | Expected Grade/Date |
|   |       |         |                     |
|   |       |         |                     |
|   |       |         |                     |
|   |       |         |                     |

| <u>PROFESSIONAL/EXTERNAL TRAINING/SPECIAL COURSES/GOVERNMENT TRAINING ETC</u> |               |       |         |
|---|---------------|-------|---------|
| (continue on a separate sheet if necessary)                                   |               |       |         |
| College/Institute   | Qualification | Level | Date(s) |
|   |               |       |         |
|   |               |       |         |
|   |               |       |         |
|   |               |       |         |
|   |               |       |         |

| <u>MEMBERSHIP OF PROFESSIONAL BODIES/ORGANISATIONS</u> |                      |                   |
|--|----------------------|-------------------|
| Name of Body   | Grade/Level/Position | Registration Date |
|  |                      |                   |
|  |                      |                   |
|  |                      |                   |





**GENERAL**

Please outline your interests outside work (membership of clubs, organisations, any spare time offices etc). Include any positions of responsibility held.

Languages spoken and degree of fluency, if applicable

Have you ever been convicted of a criminal offence? (Declaration subject to the rehabilitation of offenders act 1974) Yes  No   
If yes give details

**REFERENCES**

Please give details of two referees, one of whom should be your current or most recent employer.  
Have you any objection to your referees being contacted? Yes  No   
If Yes, no contact will be made without your prior permission.

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Name/Title                            | Name/Title                            |
| Address                               | Address                               |
|                                       |                                       |
| Telephone Number (including STD code) | Telephone Number (including STD code) |
| E-Mail Address:                       | E-Mail Address:                       |
| Relationship/Occupation               | Relationship/Occupation               |

**Declaration**

I understand that any offer of employment will be subject to satisfactory references and completion of a medical, the results of which are satisfactory to the Company.  
I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement, or essential facts concealed, may be sufficient cause to disqualify my application, or if employed, lead to my dismissal.  
Signature \_\_\_\_\_ Date \_\_\_\_\_