



Application Form

**Please complete this form in your own writing and return to:
Personnel, Suma, Lacy Way, Lowfields Business Park, Elland, HX5 9DB**
If you need assistance completing this form please contact Personnel on 01422 313840.

Post Applied for:	Date:
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Surname:	Other Names:
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Address: Post Code:
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Contact numbers		
Home:	Work:	Mobile:

e-mail address:

National Insurance Number:

Do you hold a Driving Licence: Full / Provisional (delete as applicable)
Do you hold an LGV Licence: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes which driving classes:
Please give details of any driving offences:
<i>N.B. A driving licence is not an essential requirement.</i>

EMPLOYMENT RECORD

Please start with your most recent employment giving a brief description of main duties & responsibilities.

Current/most recent employer/organisation

Name:		
Address:		
Position held:	From:	To:
Description of duties:		
Reason for leaving/changing:		

Employer/organisation

Name:
Address:
Position held: From: To:
Description of duties:
Reason for leaving/changing:

Employer/organisation

Name:
Address:
Position held: From: To:
Description of duties:
Reason for leaving/changing:

Employer/organisation

Name:
Address:
Position held: From: To:
Description of duties:
Reason for leaving/changing:

EDUCATION

Please tell us about your education & qualifications starting with the most recent.

<i>Name of school/college/university</i>	<i>Subjects studied</i>	<i>Qualification & level attained</i>	<i>Date</i>

TRAINING

Please list any training you have received including evening classes, formal distant learning, 'in service' etc:

<i>Training Course</i>	<i>Date</i>

EXPERIENCE

Please tick the boxes below - far left means lots of experience and far right means none. This is 'hands on' experience – not interests or studies alone.

	Lots	None		Lots	None
Managerial			Warehousing		
Project management			Co-operatives		
HGV driving			Telesales		
Forklift / Reach driving			Running a business		
People management			Accounts & Finance		
Computers / IT			Team working		

Any other information in support of your application;

We want to know why you will be a good Suma worker / member. Let us know about your hobbies, home-based work and wherever you may have acquired the relevant skills. Make sure you include any managerial experience; formal, informal, group, self or collective but please do not write us your entire life story.

Tell us if you wish to work full-time, part-time or on a casual basis.

Medical Questionnaire

Please complete this form and return it with your application form. The information you give will be kept entirely confidential and is needed to ensure the safety of you and others. Any points of uncertainty can be discussed further during your interview.

First Name: **Surname:**

Date of Birth: **Date of Arrival:**

MEDICAL HISTORY

Please indicate if any of the following apply or have applied to you in the past. Please give details below where appropriate.

	Yes	No
Circulatory problems such as varicose veins, phlebitis, thrombosis?	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems such as angina, high blood pressure, heart attack?	<input type="checkbox"/>	<input type="checkbox"/>
Chest problems such as asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or fainting attacks?	<input type="checkbox"/>	<input type="checkbox"/>
Skin disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Recent operation or fracture?	<input type="checkbox"/>	<input type="checkbox"/>
Any current or long-term medication?	<input type="checkbox"/>	<input type="checkbox"/>
Back trouble, arthritis, rheumatism?	<input type="checkbox"/>	<input type="checkbox"/>
Injury to bones, joints, tendons, including wrist tendons?	<input type="checkbox"/>	<input type="checkbox"/>
A claim for industrial injury, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked in high noise levels?	<input type="checkbox"/>	<input type="checkbox"/>
Sense impairment (sight, hearing, touch or smell)	<input type="checkbox"/>	<input type="checkbox"/>
Any other significant health problems (eyes, hearing, skin?)	<input type="checkbox"/>	<input type="checkbox"/>

Details

I hereby declare that the above information is correct to the best of my knowledge

Signature **Date**

Recruitment Monitoring Form

This page will be used solely to monitor the effectiveness of our recruitment procedures.

Equal Opportunity

Suma strives to be an equal opportunities employer. Our aim is to ensure that all applicants and employees receive equally favourable treatment. Any information disclosed will not jeopardise your chances of being offered a position if suitable.

Personal

Please tick age range box

Less than 20		36 - 45	
20 - 25		46 - 55	
26 - 35		Over 55	

Date of Birth:...../...../.....

Male Female

Disability

Do you consider yourself to have a disability? YES / NO (delete as applicable).

Please tell us if you need assistance to attend an interview

Ethnic Classification

I would describe myself as: (tick one box and write a note if you wish).

White or White British:

White British Other (please specify)

Black or Black British:

Caribbean African Other (please specify)

Asian or Asian British:

Indian Pakistani Bangladeshi Other (please specify)

Chinese or other Ethnic Group:

Chinese Other (please specify)

Name:..... Signed:..... Date:.....