

Application for Employment

Details of post

Post Applied For:			
First Name(s):		Mr, Mrs, Miss, Ms, Other (Please State)	
Surname:			

How to complete this form

Please either, enter your information directly onto this form and return it to enquiries@atlanticgeomatics.co.uk, or print this form and complete it in your own handwriting, preferably using black ink. Please answer *every* question. If you are unable to complete this form because of a disability, please contact the Office Administrator at the address and telephone number below.

Equality and Diversity

In order to ensure the Company's continued development of its declared equality and diversity policy, all applicants are asked to complete the Equal Opportunities form. This information will be used for monitoring purposes only. It will be treated as confidential and will be separated upon receipt and before shortlisting takes place.

Please return to:
 Atlantic Geomatics (UK) Ltd
 Aldby Farm
 Dacre
 Penrith
 Cumbria
 CA11 0HN

Telephone: 017684 83310
 Fax: 017684 83308



Your education and training
Please give details of qualifications obtained and names of colleges attended. Please note that evidence of qualifications may be required.

General education

Subject	School or College & Qualifications	Date	Grade

Further Education and professional qualifications

Details, including colleges attended	Exam date(s)

Qualifications currently being studied for

Establishment	Course/qualification

Relevant Training

Training (relevant to the position applied for)



Statement of application

Shortlisting will be undertaken using the skills and experience required as stated in the person specification. Please give your reasons for applying for this position and how you meet the person specification by outlining any relevant skills, experience and training, including, as appropriate, reference to voluntary or unpaid work and leisure activities.



Your Details	
Address:	
Telephone number home:	Work:
Email:	Mobile:
Can we telephone you at work? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) (discretion will be used)	
Your references	
References in respect of your previous employer will be required, but no approach will be made to your current employer without your permission until an offer of employment has been made. References covering the last three years will be required. References from colleagues, friends and relatives will not be accepted.	
Name:	Name:
Address:	Address:
Tel. No:	Tel. No:
Email:	Email:
Professional relationship:	Professional relationship:
Declaration	
Are you related in any way to an employee of Atlantic Geomatics (UK) Ltd or to someone who to your knowledge has been employed in the preceding 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
If YES, please state the name of the member of staff and the nature of the relationship:	
I confirm that, to the best of my knowledge, the information given in this form is true and correct and can be treated as part of any subsequent contract of employment. I understand that any appointment offered will be made on the basis of my application and interview and that Atlantic Geomatics (UK) Ltd reserves the right to terminate my employment without notice in the event that it is discovered that the information provided was not accurate in some material way. I also understand that any offer of employment may be subject to a satisfactory medical examination and references. If you submit this form electronically you will be required to sign a paper copy (of this form) should you be offered this position with Atlantic Geomatics (UK) Ltd.	
Signed :	Date :

Equal opportunities

Atlantic Geomatics (UK) Ltd. is committed to providing equality of opportunity for all in the services and employment it provides, regardless of race, colour, ethnic or national origin, disability, religion, age, gender, health, marital status or sexual orientation. In order to promote active policies and to eliminate discrimination, the Company wishes to monitor recruitment. We therefore request your co-operation in completing the appropriate boxes below:

First Name:		Mr, Mrs, Miss, Ms, Other (Please State)	
Surname:			

I would describe myself as: *(please tick)*

Male

Female

(please tick one)

- | | | | |
|----------------------------------|--------------------------|----------------------------------|--------------------------|
| Asian/Asian British: Indian | <input type="checkbox"/> | White: British | <input type="checkbox"/> |
| Asian/Asian British: Pakistani | <input type="checkbox"/> | White: Irish | <input type="checkbox"/> |
| Asian/Asian British: Bangladeshi | <input type="checkbox"/> | White: Other | <input type="checkbox"/> |
| Asian/Asian British: Other | <input type="checkbox"/> | Mixed: White and Black Caribbean | <input type="checkbox"/> |
| Black/Black British: Caribbean | <input type="checkbox"/> | Mixed: White and Black African | <input type="checkbox"/> |
| Black/Black British: African | <input type="checkbox"/> | Mixed: White and Asian | <input type="checkbox"/> |
| Black/Black British: Other | <input type="checkbox"/> | Mixed: Other | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Other | <input type="checkbox"/> |

The Disabilities Discrimination Act 1995

Do you suffer from any disability as stated in the Disabilities Discrimination Act 1995?*

Yes No *(please tick)*

If YES, please state what the disability is:

Criminal convictions

Have you any unspent criminal convictions? Yes No *(please tick)*

If YES, please give details:

The Rehabilitation of Offenders Act 1974 applies. A declaration of an offence will not necessarily preclude your application from being considered.

How did you learn about this vacancy?

Please specify source:

*The DDA defines disability for the purposes of the Act: 'There must be a mental or physical condition which has a substantial and long-term adverse affect on the employee's ability to carry out normal day-to-day activities. Long-term means that the condition must last, or be likely to last, for more than 12 months'. If you require further details on The Disability Discrimination Act 1995, please contact the Office Administrator.