The co-operative

Job Application Form

Note
This application form is also available in Braille and in large print by calling the customer careline on 0800 0686 727.

We are an employer who values diversity and welcome applications from suitable qualified people regardless of gender, ethnicity, culture, age, physical ability, mental impairment, sexual orientation, religion/belief, marital status, civil partnership status, education and those with caring responsibilities. We welcome applications for those looking to balance their work and domestic commitments.

Confidential

The Co-operative Group
The co-operative

PLEASE COMPLETE THIS FORM IN BLACK INK AND USE BLOCK CAPITALS. COMPLETE ALL BOXES. ENTER NOT APPLICABLE (N/A) IF NECESSARY.

Post applied for

Your personal details (Please complete all boxes)

Last name

First name

Title

Middle name

Preferred name

Address

Town

County

Postcode

Country

NI number

Contact Numbers

Home

Mobile

Email

Statutory Requirements

To ensure statutory requirements relating to young workers and sales licensing are met, please tick the relevant box below.
Are you under 18?

Yes

No

If yes please enter your date of birth below

Emergency contact (Please complete all boxes)

Last name

First name

Title

Relationship to you

Address

Town

County

Postcode

Country

Are they a Co-operative Group employee?

Yes

No

Work permit

Do you have proof of your entitlement to work in the UK? You will be required to produce original documents to prove your eligibility at the interview.

Yes

No
Disabled applicants

Do you consider yourself to have a disability for which we may need to make any special arrangements?

☐ Yes  ☐ No

If YES please give details as to the effects of the disability and any assistance you would need:

To attend an interview

To enable you to perform the job if successful

Medical history, general health and fitness for work

Any candidate who is interviewed will be required to answer some questions about their health. These questions are designed to create a fair recruitment process to ensure that every candidate has an equal opportunity of being appointed, and to be successful in their role with us. These health questions will be sent to shortlisted candidates with a pre-paid envelope, to be returned as instructed.

It is important that the Society does not place anyone in employment that is likely to harm their health. Most jobs will involve some degree of general activity that can affect certain health conditions (e.g. manual handling or standing or sitting for lengthy periods), and of course there may be more specific risks attached to certain jobs. Please use the space below to indicate any health concerns you may have in respect of employment with us.

Please note that if there are any health concerns in respect of your application or subsequent employment with the Society, a medical examination or information in respect of the concern may be required.
**References** (Please give the names of TWO referees, neither of whom can be a relative or partner. Please choose your most recent employer(s) as your referees. If you cannot provide two former employers as referees, please give details of people who know you well, such as a teacher, etc.)

<table>
<thead>
<tr>
<th>Reference type</th>
<th>Reference two</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please select from employer, personal, educational or professional body)</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>First name</td>
<td></td>
</tr>
<tr>
<td>Last name</td>
<td></td>
</tr>
<tr>
<td>Job title</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Relationship to you</td>
<td></td>
</tr>
<tr>
<td>Your previous job title (If employer reference)</td>
<td>From</td>
</tr>
<tr>
<td>Your employment dates (If employer reference)</td>
<td>From</td>
</tr>
<tr>
<td></td>
<td>To</td>
</tr>
<tr>
<td></td>
<td>To</td>
</tr>
</tbody>
</table>

**Employment history for the last five years** (List present/most recent employment first and include previous Society employment. Please continue on a separate sheet if necessary)

<table>
<thead>
<tr>
<th>Dates From</th>
<th>To</th>
<th>Name and full address of employer</th>
<th>Post held</th>
<th>Reason for leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / / /</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>/ / / /</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>/ / / /</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>/ / / /</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>/ / / /</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>/ / / /</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please account for any periods of non-employment (if applicable)
Are any of your relatives employed by the Society?  

☐ Yes  ☐ No

If yes, please give their name(s), place of work and relationship to you

Name __________________________  __________________________
Place of work __________________________  __________________________
Relationship __________________________  __________________________

**Education** (Please give details of the school/college/university you attended)

School/College/University  
(Full name and address)


**Qualifications** (Please include all academic, technical and professional qualifications. Continue on a separate sheet if necessary)

<table>
<thead>
<tr>
<th>Qualification title</th>
<th>Qualification subject</th>
<th>Grade/level</th>
</tr>
</thead>
</table>

Please supply details of any further training courses attended that are relevant to your application


Please detail your skills and qualities that will make you suitable for the role


Driving licence details (if applicable to the job)

<table>
<thead>
<tr>
<th>Licence type</th>
<th>Held?</th>
<th>Licence number</th>
<th>Expiry date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full UK driving licence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LGV licence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLT licence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have any endorsements? If yes, please give details

<table>
<thead>
<tr>
<th>Date</th>
<th>Offence code</th>
<th>Offence</th>
</tr>
</thead>
<tbody>
<tr>
<td>/</td>
<td>/</td>
<td></td>
</tr>
<tr>
<td>/</td>
<td>/</td>
<td></td>
</tr>
<tr>
<td>/</td>
<td>/</td>
<td></td>
</tr>
</tbody>
</table>

Criminal or civil convictions

(Include County/Sherriff Court Judgements but EXCLUDE any SPENT CONVICTIONS as defined by the Rehabilitation of Offenders Act 1974 - Ex-offenders will be considered on their merits)

<table>
<thead>
<tr>
<th>Date</th>
<th>Offence</th>
</tr>
</thead>
<tbody>
<tr>
<td>/</td>
<td></td>
</tr>
<tr>
<td>/</td>
<td></td>
</tr>
<tr>
<td>/</td>
<td></td>
</tr>
</tbody>
</table>

Holidays booked and preferred days of work

Please give details of any holidays booked

Please give details of preferred days/hours of work

Applicant's declaration (If you are still at school and applying for a weekend or vacation position and under 18 years of age, a parent or guardian must sign below)

Parent/Guardian name

Date

Relationship to applicant

Signature

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT

Tick to agree

Applicant's name

Date

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND ACKNOWLEDGE THAT ANY FALSE STATEMENT RENDERS ME LIABLE TO SUMMARY DISMISSAL

Tick to agree
Diversity Monitoring Form

The Society is committed to the principle of equal opportunities and to active policies to avoid unfair discrimination. The Equal Opportunities Commission and the Commission for Racial Equality strongly recommend that such policies are monitored effectively and we fully support this. We would like to ask you a few questions, which will help us to monitor the operation of our diversity policy.

Any information given in this section will be held in strict confidence, and will not be used in the selection process. We ask for your co-operation in completing this form. Date of birth must be completed due to system requirements at the appointment stage. If you do not wish to complete any other section of the form please leave it blank.

Your personal details (Please complete all boxes)

Date of birth

Nationality

Gender [ ] Male  [ ] Female

Place of birth

Ethnicity Which of the following do you feel most adequately describes your ethnic origin?

Asian or Asian British
[ ] Indian
[ ] Pakistani
[ ] Bangladesh
[ ] Any other Asian background

Black or Black British
[ ] Caribbean
[ ] African
[ ] Any other Black background

Chinese or other ethnic group
[ ] Chinese
[ ] Any other

Mixed
[ ] White and Black Caribbean
[ ] White and Black African
[ ] White and Asian
[ ] Any other mixed background

White
[ ] British
[ ] Irish
[ ] Any other White background

Other
[ ] Other (please state)

Sexual Orientation

[ ] Bisexual
[ ] Gay/Lesbian
[ ] Heterosexual
[ ] Other (please state)

[ ] Prefer not to say

Religion To which of the following religions, bodies or belief systems, if any, do you belong or affiliate with?

[ ] Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
[ ] Buddhist
[ ] Hindu
[ ] Jewish
[ ] Muslim
[ ] Sikh
[ ] Other (please state)

[ ] I have no religious beliefs

[ ] Prefer not to say

Disability Would you consider yourself to be disabled?

[ ] Yes
[ ] No

The Disability Discrimination Act 1995 defines a 'disabled person' as a person with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities'.

(This information is provided for monitoring purposes only - if you need any reasonable adjustments you should arrange these separately.)

To ensure confidentiality please fold this page in half and seal.
FOR OFFICE USE ONLY

Applicant does not need to fill out this page

Confirmation of job offer
(Manager to complete after start date has been agreed)

Business

Start date (New employee)

Location/unit/dept name

Position/job title

Job level (i.e. management, clerical)

Grade

Location/building

Cost centre

Supervisor's name

Supervisor's employee number

Basic hours

Basic rate of pay (Per hr/wk/annum*, 'Delete as appropriate)

£

Working days per week

Reason for employment

Pay group (if known)

Employment category

Assignment category

FOR OFFICE USE ONLY

Applicant does not need to fill out this page

Authorisation

I have checked the applicant's documents to confirm that they are legally entitled to work in the UK.

☐ Yes ☐ No

Manager's name

Date

Job title

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT

☐ Tick to agree

Manager's signature

For office use only

Employee number

Date

HR signature