

PLANNING SOLUTIONS LIMITED

9 Leigh Road, Havant, Hampshire, PO9 2ES

Application form

Site :				
Application for em	ployment as :			
Where did you hea	ar about this va	cancy?		
and in full, giving us	as many detail ort listing will b	s as possible of yo e based on the ir	our skills and ex	e complete this form accurately eperiences relating to the job you nered from this form and read in
Surname				
Other names				
Address				
Postcode				
Contact number Daytime: Evening:				
E mail address				
Do you have a drivir Have you been emp			? Yes No:	
Site name:		Dates to and fron	า:	Job Title:
First available start	t date?			



Working times: - Hours of work will include a variety of shift patterns including daytime, evenings, weekends, public and bank holidays. Please highlight the days and times you are available to work.

Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM
Saturday	AM	PM
Sunday	AM	PM
Please give details regarding trai	ning and any qualifications you ha	ve in relation to this position
Please state the skills and experi	ence you have acquired that can sironment or outside. Please note,	ginal documents at interview)
Any further comments to support	vour application	
Any further comments to support	уой арріісаціоп	



		Section in the Control of the Contro
Please state details regarding your educ	ation	
Name and address	Qualifications	Dates
Name and address	Qualifications	Dates
Name and address	Qualifications	Dates

EMPLOYMENT HISTORY

List details of your current job below:-

Employers name and	Dates		Job Title and	Reason for	Current
address	To:	From:	brief overview	leaving	wage
			of duties		

List previous employment history below: last 5 years



Employers name and address	Dates To:	From:	Job Title and brief overview of duties	Reason for leaving	Current wage
*Please note that the co	mpany reserve	es the right	to contact previo	us employers for	reference – see
below					
Have you ever been co	nvicted of a cri	iminal	Yes/ No		
offence					
(Declaration subject to t	he Rehabilitati	on of Offen	ders Act 1974)		
Do you have any disabi	lities that migh	nt affect	Yes/ No		
your application			,		
Please tell us if					
	asonable adiu	stments we	can make to assi	st vou in vour an	plication
			can make to the		
,				<u> </u>	
Do you need a work pe	rmit to work ir	n the UK?	Yes/ No		



Please note that you will need to bring along	
original documentation to an interview	

References

Please give the name and addresses of two persons as referees, other than your present employer or relatives, who we can approach now for references. No approach will be made to your present or previous employers before an offer of employment is made.

Name	Address	Contact number	E mail address



I confirm that to the best of my knowledge the information I have recorded on my application form is correct.

I agree that any misrepresentation made by me, will result in the cancellation of my application and termination of any employment with the Company.

The GDPR (General Data Protection Regulation) came into force on 25 May 2018. The regulation replaced the current Data Protection Act. Both employers and their employees have new responsibilities to consider to help ensure compliance. Please read through our privacy statement available on our website.

By signing and returning this application form, you consent to PSL using and keeping secure, information about you, provided by you, for the purpose of seeking employment with the company. The information will be used solely in the recruitment process and not passed to anyone unconnected with this process.

Your information will be retained securely for six months from the date on which you are informed whether you have been invited to interview or six months from the date of interview.

If employed this form will be placed on your personnel file.

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I consent to Planning Solutions Limited accessing my pers	sonal data for reference purposes.	
Full name (INI DI OCK CADITALS	Data	
Full name (IN BLOCK CAPITALS	Date:	
Simulation of the state of the		
Signature:		

Thank you for completing our application form. Would you now please forward this application form to the General Manager at the site.



EQUAL OPPORTUNITIES MONITORING FORM - STRICTLY CONFIDENTIAL

Planning Solutions Limited wants to meet the aims and commitments under our equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. This form will be separated from your application form. It will not be seen by those responsible for short listing or interviewing applicants.

Please return the completed form in a separate envelope marked 'Strictly confidential' to Human Resources

Gender Man □ Woman □ Intersex □ Non-binary □ Prefer not to say □
If you prefer to use your own term, please specify here
Are you married or in a civil partnership? Yes □No □ Prefer not to say □
Age 16-24□25-29□30-34□ 35-39□40-44□ 45-49□50-54□55-59□60-64□65+□ Prefer not to say □
What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box
White English □ Welsh □ Scottish □ Northern Irish □ Irish □ British □ Gypsy or Irish Traveller □ Prefer not to say □
Any other white background, please write in:
Mixed/multiple ethnic groups White and Black Caribbean □White and Black African □ White and Asian □ Prefer not to say □ Any other mixed background, please write in:
Asian/Asian British Indian □ Pakistani □ Bangladeshi □ Chinese □ Prefer not to say □ Any other Asian background, please write in:
Black/ African/ Caribbean/ Black British African □ Caribbean□ Prefer not to say □ Any other Black/African/Caribbean background, please write in:
Other ethnic group Arab □Prefer not to say □ Any other ethnic group, please write in:
Do you consider yourself to have a disability or health condition? Yes \square No \square Prefer not to say \square
What is the effect or impact of your disability or health condition on your ability to give your best at work? Please

write in here:



The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual or	ientation?
Heterosexual □ Gay □	Lesbian □ Bisexual □ Prefer not to say □
If you prefer to use your	own term, please specify here
What is your religion of	or belief?
No religion or belief □	Buddhist □ Christian □ Hindu □ Jewish □ Muslim □ Sikh□
Prefer not to say \square	
If other religion or belie	f, please write in here:
What is your flexible w	vorking arrangement?
•	Staggered hours □ Term-time hours □ Annualised hours □ Job-share □
None □ Flexi-time □	