



COBRA ENGINEERING UK LTD APPLICATION FORM

For Office use only please leave blank if not already completed

| | |
|--------------------------------------|--|
| POSITION: | |
| CLOSING DATE: | |
| APPLICATION REFERENCE NUMBER: | |

Please fill in the Application Form and ensure both parts A and B are returned to:
 the Production Office Cobra Engineering UK LTD, Redmoor Lane, Wisbech, Cambs. PE140RN
 Please check it carefully as once it has been submitted it cannot be changed.

PLEASE USE BLOCK CAPITALS THROUGHOUT

The application form is split into Parts A, B and C.

The information you give in Part B will be used to decide whether or not you should be short listed for the job. The information you give in Parts A and C will not be used for short-listing, but will be kept separately for administrative purposes.

APPLICATION FOR EMPLOYMENT - PART A

Details entered in this part of the form will be withheld from the short-listing panel. They will be held by the Human Resources Department.

| | | | |
|--|--|-----------------------------|--|
| SURNAME | | TITLE | |
| FORNAMES | | | |
| EMAIL ADDRESS | | | |
| ADDRESS LINE 1 | | | |
| TOWN/CITY | | | |
| COUNTY | | POSTCODE | |
| HOME TEL. | | MOBILE TEL. | |
| WORK TEL. | | Can we contact you at work? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU HAVE A VALID UK DRIVING LICENCE? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

| | |
|---|--|
| UK NATIONAL INSURANCE NUMBER (Only enter if you have one) | |
| WHAT ARE YOUR SALARY EXPECTATIONS? | |

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APPLICATION FOR EMPLOYMENT - PART B

Please note there is space on back page to make additional notes if you do not have sufficient room on the form,

Cobra Engineering and You

| | |
|--|--|
| HAVE YOU PREVIOUSLY WORKED FOR COBRA ENGINEERING | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PLEASE GIVE BRIEF DETAILS | |
| PLEASE GIVE REASON FOR LEAVING | |
| HAVE YOU PREVIOUSLY APPLIED TO COBRA ENGINEERING? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PLEASE GIVE DETAILS | |
| DO YOU HAVE ANY RELATIVES WORKING FOR US? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PLEASE GIVE DETAILS (NAME, POSITION AND RELATIONSHIP) | |

Education and Professional Qualification - please give details of your education & qualifications

| <u>SUBJECT/QUALIFICATION</u> | <u>QUALIFICATION</u> | <u>PLACE OF STUDY</u> | <u>DATE OBTAINED</u> |
|------------------------------|----------------------|-----------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Training - please give details of any training courses you have attended

| <u>COURSE TITLE</u> | <u>TRAINING PROVIDER</u> | <u>DURATION</u> | <u>DATE</u> |
|---------------------|--------------------------|-----------------|-------------|
| | | | |
| | | | |
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Membership of Professional Institute/Bodies

| <u>NAME OF INSTITUTE/BODY</u> | <u>MEMBERSHIP GRADE/STATUS</u> | <u>MEMBERSHIP NUMBER</u> | <u>EXPIRY/RENEWAL DATE</u> |
|-------------------------------|--------------------------------|--------------------------|----------------------------|
| | | | |
| | | | |

Other Relevant Skills

EMPLOYMENT HISTORY

Have you been in any previous employment? YES NO

If YES please complete all of this section, if NO please go to next section.

Please record below the details of your current or most recent employer.

All fields marked with * are required fields.

| | | | |
|---|--|----------------------------------|--|
| EMPLOYER NAME* | | | |
| ADDRESS* | | | |
| TYPE OF BUSINESS* | | | |
| JOB TITLE* | | | |
| MAIN RESPONSIBILITIES* | | | |
| MAJOR ACHIEVEMENTS | | | |
| DATE COMMENCED* | | DATE LEFT (If Applicable) | |
| STARTING SALARY/WAGE* | | PRESENT SALARY/WAGE* | |
| OTHER BENEFITS (CAR, BONUS, PENSION ETC) | | | |
| NOTICE REQUIRED* | | | |
| REASON FOR LEAVING* | | | |

Please record below your previous employment beginning with the job prior to your current job (or most recent) and work backwards

| | | | |
|----------------------------------|--|--------------------|--|
| EMPLOYER NAME AND ADDRESS | | | |
| JOB TITLE | | SALARY/WAGE | |
| MAIN RESPONSIBILITIES | | | |
| PERIOD EMPLOYED FROM | | TO | |
| REASON FOR LEAVING | | | |

| | | | |
|----------------------------------|--|--------------------|--|
| EMPLOYER NAME AND ADDRESS | | | |
| JOB TITLE | | SALARY/WAGE | |
| MAIN RESPONSIBILITIES | | | |
| PERIOD EMPLOYED FROM | | TO | |
| REASON FOR LEAVING | | | |

| | | | |
|----------------------------------|--|--------------------|--|
| EMPLOYER NAME AND ADDRESS | | | |
| JOB TITLE | | SALARY/WAGE | |
| MAIN RESPONSIBILITIES | | | |
| PERIOD EMPLOYED FROM | | TO | |
| REASON FOR LEAVING | | | |

| | | | |
|----------------------------------|--|--------------------|--|
| EMPLOYER NAME AND ADDRESS | | | |
| JOB TITLE | | SALARY/WAGE | |
| MAIN RESPONSIBILITIES | | | |
| PERIOD EMPLOYED FROM | | TO | |
| REASON FOR LEAVING | | | |

| | | | |
|----------------------------------|--|--------------------|--|
| EMPLOYER NAME AND ADDRESS | | | |
| JOB TITLE | | SALARY/WAGE | |
| MAIN RESPONSIBILITIES | | | |
| PERIOD EMPLOYED FROM | | TO | |
| REASON FOR LEAVING | | | |

| | | | |
|----------------------------------|--|--------------------|--|
| EMPLOYER NAME AND ADDRESS | | | |
| JOB TITLE | | SALARY/WAGE | |
| MAIN RESPONSIBILITIES | | | |
| PERIOD EMPLOYED FROM | | TO | |
| REASON FOR LEAVING | | | |

References

Please give the names of 2 people who have agreed to supply references.

For all positions you must supply 2 references

If you have been employed these should be **your 2 most recent employers**, your manager, supervisor or someone in a position of responsibility who can comment on your work experience, attitude, personal qualities and suitability for the post. If you are a student please provide contact details for a teacher at your school, college or university. **Please note that personal references from friends or relatives are not acceptable.**

All referees will be approached prior to interview (time permitting) unless you indicate otherwise below.

PLEASE NOTE: Employment is subject to receipt of references satisfactory to the company.

| | | | |
|---|--------------------------|-----|-----------------------------|
| REFEREE 1 NAME | | | |
| ADDRESS | | | |
| TELEPHONE | | FAX | |
| E-MAIL | | | |
| RELATIONSHIP | | | |
| CAN THE REFEREE BE APPROACHED PRIOR TO INTERVIEW? | <input type="checkbox"/> | YES | <input type="checkbox"/> NO |

| | | | |
|---|--------------------------|-----|-----------------------------|
| REFEREE 2 NAME | | | |
| ADDRESS | | | |
| TELEPHONE | | FAX | |
| E-MAIL | | | |
| RELATIONSHIP | | | |
| CAN THE REFEREE BE APPROACHED PRIOR TO INTERVIEW? | <input type="checkbox"/> | YES | <input type="checkbox"/> NO |

Interview Availability

Please could you indicate days/times when you are most likely to be able to attend an interview if selected?

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DECLARATION

The information in this form (parts A&B) is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

| | |
|--------------------------------------|--|
| I AGREE TO THE ABOVE DECLARATION | |
| SIGNED | |
| DATED | |
| Did you complete this form yourself? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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| | |
|--------------------------------------|--|
| POSITION: | |
| REF: | |
| APPLICATION REFERENCE NUMBER: | |

EQUAL OPPORTUNITIES - PART C

Cobra Engineering UK Limited is committed to Equal Opportunities. Selection or Promotion is based solely on the applicant's suitability for the job.

Ethnic Group: Classification recommended by the Commission for Racial Equality.

| | | |
|---|-------------------------|--------------------------|
| A) WHITE | British | <input type="checkbox"/> |
| | Irish | <input type="checkbox"/> |
| | Other White Background | <input type="checkbox"/> |
| B) ASIAN OR ASIAN BRITISH | Indian | <input type="checkbox"/> |
| | Pakistani | <input type="checkbox"/> |
| | Bangladeshi | <input type="checkbox"/> |
| | Other Asian Background | <input type="checkbox"/> |
| C) BLACK OR BLACK BRITISH | Caribbean | <input type="checkbox"/> |
| | African | <input type="checkbox"/> |
| | Other Black Background | <input type="checkbox"/> |
| D) MIXED | White & Black Caribbean | <input type="checkbox"/> |
| | White & Black African | <input type="checkbox"/> |
| | White & Asian | <input type="checkbox"/> |
| | Other Mixed Background | <input type="checkbox"/> |
| E) CHINESE OR OTHER ETHNIC GROUP | Chinese | <input type="checkbox"/> |
| | Any other | <input type="checkbox"/> |
| I do not wish to disclose my ethnic origin <input type="checkbox"/> | | |

| | | | |
|---------------|-------------------------------|---------------------------------|--|
| GENDER | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> I do not wish to disclose my gender |
|---------------|-------------------------------|---------------------------------|--|

| | |
|----------------------|----------------|
| DATE OF BIRTH | __ / __ / ____ |
|----------------------|----------------|

Disability

Under the terms of the Disability Discrimination Act 1995 a disability is defined as a 'physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities'.

| | | |
|---|------------------------------|-----------------------------|
| DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If YES, Please give details | | |

Work Permit

| | |
|--|---|
| DO YOU NEED A UK WORK PERMIT TO DO THIS JOB UNDER THE TERMS OF THE IMMIGRATION AND ASYLUM ACT 1996? | <input type="checkbox"/> No, I do not need a work permit |
| | <input type="checkbox"/> No, I have a training & work experience permit |
| | <input type="checkbox"/> Yes, I do need a work permit |
| Please give details of any permits currently held: | |

Rehabilitation of Offenders Act

| | | |
|---|------------------------------|-----------------------------|
| DO YOU HAVE ANY CRIMINAL /DRIVING CONVICTIONS THAT HAVE NOT LAPSED UNDER THE REHABILITATION OF OFFENDERS ACT 1974? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If YES, Please give details | | |