

Application for Employment



Please read the full job description then fill in the application form and send with your CV to:

Andy Beaumont
HR Manager
OCS Worldwide
1 Galleywall Road
London
SE16 3PB

andy.beaumont@ocsworldwide.co.uk

Position:	Date:
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Personal details	
Surname:	Date of Birth:
Forname (s):	Mr/Mrs/Ms/Miss/Dr*
Address:	
Telephone: Mobile:	Post Code:
Email:	
Residential status: Homeowner/renting/living with parents/other*	
Marital status:	

Education		
Dates	School/Colleges	Qualifications

Employment				
Dates	Name and Address	Job description	Salary	Reasons for leaving
Notice required in current post:				

Current driving licence: YES/NO*	Type:
Details of any endorsements:	

Employment restrictions
<p>Are there any restrictions to your residency in the UK, which might affect your right to take up employment with OCS Worldwide?</p> <p>YES/NO*</p> <p>If yes please provide details</p>
<p>If you are successful in your application would you require a work permit prior to taking up employment?</p> <p>YES/NO*</p>
<p>Criminal record: Please detail any criminal convictions except those "spent" under the Rehabilitation of Offenders Act 1974</p> <p>YES/NO*</p>

General comments: Please give your reasons for making this application and any strengths you can offer OCS Worldwide. Continue on a separate sheet if necessary.

Have you ever applied for a job at OCS Worldwide before (please give details) YES/NO*

Leisure Interests:

Medical history					
Are you registered disabled: YES/NO*			Registration No.:		
Are you suffering with or have you suffered from or ever had any of the following:					
Heart trouble:	YES/NO*	Lung trouble:	YES/NO*	Stomach trouble:	YES/NO*
Skin disease:	YES/NO*	Eye trouble:	YES/NO*	Ear trouble:	YES/NO*
Back pain:	YES/NO*	Migraine	YES/NO*	Repetitive strain injury:	YES/NO*
Been refused or dismissed from employment for health reasons					YES/NO*
Been refused a driver's licence because of ill health?					YES/NO*
Received in-patient treatment for a physical or mental condition?					YES/NO*
Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving					YES/NO*
Please list any absences from work in the past 12 months and reasons for such absence:					

References: one for work and one for a character reference	
Name Position Company Address	Name Position Company Address
Telephone:	Telephone:

Declaration: please read this carefully before signing
<ol style="list-style-type: none"> 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give OCS Worldwide the right to terminate any employment contract offered. 2. I hereby give my authority for OCS Worldwide to contact my doctor for any further details of my state of health. 3. I agree that OCS Worldwide reserves the right to require me to undergo a medical examination 4. Applicants should note that failure to declare any restrictions to employments or the need for a work permit could lead to termination of employment.
Signed: _____
Date: _____

Equal Opportunity Policy



Personnel monitoring information

OCS has an equal opportunities policy and is keen to ensure that it is working efficiently. The information you provide will be treated in the strictest confidence and will be used only for statistical monitoring and is not used as part of the interview selection process. We are unable to process applications from candidates who do not complete this section.

(Please tick the appropriate box)

1. Female Male 2. Age

3. Ethnic origin- Please tick only one box below

- White
- Black - Caribbean
- Black - African
- Black- Other
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other (please describe)

Where did you see the post advertised/how did you hear about the vacancy?