



AVENIR TELECOM UK LTD EMPLOYMENT APPLICATION FORM 2011

Position Applied For: _____

Date of Application: / /2011

Please complete this form legibly in blue or black ink, or online, and return it on or before the closing date specified in the advertisement. Late applications will not be considered. ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED. Curriculum vitae should be attached to the application form as a supporting document. Candidates should outline clearly how their qualifications and experience meet both the essential and preferred requirements. All information given will be treated with the strictest confidence. Continuation sheets may be added if necessary.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

Avenir Telecom UK Ltd is an Equal Opportunities Employer. All Appointments will be made solely on the basis of merit in line with our Equal Opportunities Policy

PERSONAL INFORMATION

Title: Mr Mrs Miss Ms Other please state:

Last Name:

First Name: Middle Name:

Street Address:

City/Town: County:

Country: Postcode:

Home Number: Mobile:

Email address:

Availability:

Days/Hours available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Hours: From: To:

What date are you available to start work?

Do you have the right to work in the UK? <small>Note: the company will require proof of this right before an offer of employment can be confirmed – eg. Birth certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a clean, current driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you a car/ access to a car for business use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PERSONAL INFORMATION (CONT'D)**Education:**

Educational Facility Attended	Examinations Taken and Qualifications Gained (Specify Grades)

Further/Higher Education:

From	To	Name of Institution (State if Full or Part Time)	Examinations Taken and Qualifications Gained (Specify Grades or Degree Class)

Professional Qualifications/Training Courses:

Date Taken/Attended	Institute/Organisation	Examinations Taken and Qualifications Gained/Awards Achieved (If appropriate specify Grades or Degree Class)

Membership of Professional Organisations:

Date Joined	Institute/Organisation	Grade of Membership (Where appropriate)

PERSONAL INFORMATION (CONT'D)

Employment History:

Current or Last Position:

Employer:	
Position Title:	
From:	To:
Key Responsibilities:	
Salary:	
Bonus and Benefits (if applicable):	
Reason for Leaving:	
May we contact your present employer? (If yes please give contact details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Position:
Address:	
Contact Number:	
Email address:	

Previous Position One:

Employer:	
Position Title:	
From:	To:
Key Responsibilities:	
Salary:	
Bonus and Benefits (if applicable):	
Reason for Leaving:	

PERSONAL INFORMATION (CONT'D)

Previous Position Two:

Employer:

Position Title:

From:

To:

Key Responsibilities:

Salary:

Bonus and Benefits (if applicable):

Reason for Leaving:

Summary of other employment including employer, position title, dates of employment, key responsibilities and reason for leaving:

PERSONAL STATEMENT

Please use this section to explain in detail how you meet the requirements of the Job Description. If you are or have been involved in voluntary/ unpaid activities, please also include this information. Attach and label any additional sheets used.

REHABILITATION OF OFFENDERS ACT (1974)

Do you have any convictions that are not spent under the rehabilitation of Offenders Act 1974?

Yes

No

If yes, please give details/dates of offence(s) and sentence(s):

DISABILITY DISCRIMINATION ACT (1995)

Section 1 of this Act describes a disabled person as a person with a 'physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities'.

Using this definition, would you consider yourself to be disabled?

Yes

No

If yes, do you require any special arrangements to be made to assist you if called for interview?

REFERENCES

Referee One

Title	Name
Company	
Address	
Telephone:	
Email Address:	

Referee Two

Title	Name
Company	
Address	
Telephone:	
Email Address:	

STATEMENT TO BE SIGNED BY THE APPLICANT

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- All the information given by me on this form is correct to the best of my knowledge
- All questions relating to me have been accurately and fully answered
- I possess all the qualifications which I have stated I hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed:	Date:
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NB Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from Avenir Telecom UK Ltd must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post.

Avenir Telecom UK Ltd undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, email address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

Please sign below to give your consent to processing and retention of this personal data:

Signed:	Date:
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If you are returning this form by email, you will be asked to sign your application at interview

RETURNING THIS FORM

By Hand or Post:

Avenir House
Studio Way
Borehamwood
Herts
WD6 5NN

By E-Mail:

recruitment@avenir-telecom.co.uk

Enquiries:

Tel: 020 8731 4447