



## iVision Opticians – Job Application Form

**Job Application Form** *(please write clearly in either black or dark blue ink)*

**Please Note:** This form **MUST** be **fully** filled in even if you are enclosing a C.V.

Title of Position Applied For	Job Location <i>(please fill in):</i>
----------------------------------	---------------------------------------

**PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

Forename(s):	Lastname: <i>(Mr/Mrs/Ms/Miss)</i>
Address:	Tel No. <i>(Home):</i>
	Mobile Tel No:
	Tel No. <i>(Business):</i>
	E-mail Address:
	National Ins. No:
Postcode:	

**EDUCATION & PROFESSIONAL QUALIFICATIONS  
(DOCUMENTS AS PROOF OF QUALIFICATION MAY BE REQUESTED)**

Secondary Schools; Colleges; University	Dates		Examinations taken	Date	Result
	From	To			

Professional Qualifications currently held: how obtained, grade and date *(continue overleaf if necessary):*

Other relevant Educational or Training Courses, with dates *(continue overleaf if necessary):*

**CURRENT EMPLOYMENT** – State whether you work full or part time hours (*please give details*). Please state whether the salary figure given is hourly, weekly, monthly or annually. Remember to give details of any bonuses etc. Reason for leaving / wanting to leave **MUST** be given. We will **NOT** contact your current employer without your permission unless a job offer is made & accepted.

Title of Position Held & Type of Business:	Date Started:	Date Ended: ( <i>If applicable</i> )
Name, Address & Telephone Number of Employer:	Name of Supervisor:	
	Starting Salary:	
	Current Salary:	
Please describe the work you do/did and any specific responsibilities ( <i>Continue overleaf if necessary</i> ):		
Please state hours worked:		
Reason for leaving or wishing to leave ( <i>Continue overleaf if necessary</i> ):		
Period of notice required to terminate present employment:		

**PREVIOUS EMPLOYMENT** – Please start with the most recent. State whether you worked full or part time hours (*please give details*). Please state whether the salary figure given is hourly, weekly, monthly or annually. Remember to give details of any bonuses etc. Reason for leaving **MUST** be given.

Title of Position Held & Type of Business:	Date Started:	Date Ended:
Name, Address & Telephone Number of Employer:	Name of Supervisor:	
	Starting Salary:	
	Salary when you left:	
Please describe the work you did and any specific responsibilities ( <i>Continue overleaf if necessary</i> ):		
Reason for leaving ( <i>Continue overleaf if necessary</i> ):		
Please state hours worked:		

Title of Position Held & Type of Business:	Date Started:	Date Ended:
Name, Address & Telephone Number of Employer:	Name of Supervisor:	
	Starting Salary:	
	Salary when you left:	
Please describe the work you did and any specific responsibilities ( <i>Continue overleaf if necessary</i> ):		
Reason for leaving ( <i>Continue overleaf if necessary</i> ):		
Please state hours worked:		

**RELEVANT EXPERIENCE**

Please say why you are applying for this position, outline aspects of any experience and give details of any particular achievements or distinctions that you consider relevant to this application. Please continue overleaf if necessary.

Where did you see this vacancy advertised?

## OTHER INFORMATION

What activities/hobbies outside work interest you? *(Also state any positions held that you consider relevant)*

Do you hold a current driving licence? YES / NO

Do you own a car? YES / NO

Is your driving licence clean? YES / NO *(If NO please give details below)*

### HEALTH

Please state the number of days sickness absence in the last 2 years:  
*(For sickness absence in excess of ten days please state reason(s) below)*

Do you have any illness that requires regular medication?

***(NB: Successful candidates may be required to complete a full medical questionnaire)***

Do you have any physical or mental condition that could limit your ability to perform the particular job for which you are applying? YES / NO *(If yes, please give details below, continue on a separate sheet if necessary).*

### REHABILITATION OF OFFENDERS ACT 1974.

*The rehabilitation of offenders act makes it unlawful to not consider for employment someone with a spent conviction. There are exceptions to this rule, for instance, where the vacancy involves working with children and vulnerable adults.*  
Have you ever been convicted of a criminal offence? YES / NO *(if YES please give details of conviction)*

**Please note:** *Any applicant who is short listed for employment may be subject to a criminal record check before the appointment is confirmed.*

Please declare any unspent convictions on a separate sheet and tick this box if doing so

## REFERENCES

Names and addresses of two referees that we could approach for references (*Not relatives or former employers*):

Tel No:

Email Address:

Tel No:

Email Address:

Please indicate if we may contact them prior to interview      YES / NO

*All job offers are subject to references that are satisfactory to the company being obtained.*

Please indicate here if there is any particular previous employer that you do not wish us to contact.

Please give reasons for this request

## AVAILABILITY FOR WORK

Are you applying for full time work? YES / NO (*If NO, please state the days and hours that you are available for work*).

If offered a position will you continue to work in any other capacity? (*Please give full details below - hours/days etc.*)

## DECLARATION

I declare that the information given is true and correct. I give my consent to both my referees and previous employers being contacted as indicated and for details of any sickness absence over the last 2 years to be obtained. I am also fully aware that if I am successful in my application and it later becomes apparent that information I have provided on this form is incorrect I may be liable to summary dismissal from the Company on grounds of dishonesty.

Signed ..... Date ..... Name .....

**Please note:** We may initially ask you to come along to take a written aptitude test, alternatively this may constitute part of your interview.

Thank you for completing this application form. If you have not received a response within 28 days, please consider your application unsuccessful on this occasion. All interviews held locally. Please return all forms to:

**PERSONNEL DEPARTMENT**  
**iVision Opticians**  
**6-8 Peel Square**  
**Barnsley**  
**South Yorkshire**  
**S70 1YA**

### **Data Protection Act 1998**

The use of information provided on this form will comply with the requirements of the above Act. It may be processed by computer and is required for operational, managerial information and associated purposes relevant to the maintenance of our systems. Such data may also be used to produce depersonalised statistics.

# Equal Opportunities Monitoring Form *(Strictly Confidential)*

iVision Opticians are committed to Equal Opportunities in Employment. In order to ensure the effectiveness of this policy ALL applicants are asked to provide the following information. All information given will be treated in the strictest confidence, and will be used solely for the purpose of monitoring. If you wish, you may place this equal opportunities monitoring form in a sealed envelope prior to attaching it to your completed application form.

THIS QUESTIONNAIRE WILL BE SEPARATED FROM THE REST OF THE APPLICATION FORM IMMEDIATELY ON RECEIPT BY PERSONNEL, THIS WILL BE DONE BEFORE ANY CONSIDERATION OF CANDIDATES OCCURS

1. APPLICATION DATE: .....
2. POSITION APPLIED FOR: .....

Please tick the appropriate box ...

3. GENDER: Male  Female
4. AGE:  Date of Birth (dd/mm/yyyy):

5. ETHNIC ORIGIN\* I would describe my ethnic origin as:

(a) WHITE  
British  Irish  Any other white background (*please specify*): .....

(b) MIXED  
White & Black Caribbean  White & Black African  White & Asian   
Any other mixed background (*please specify*): .....

(c) ASIAN OR ASIAN BRITISH  
Indian  Pakistani  Bangladeshi   
Any other Asian background (*please specify*): .....

(d) BLACK OR BLACK BRITISH  
Caribbean  African  Any other black background (*please specify*) .....

(e) CHINESE OR OTHER ETHNIC GROUP  
Chinese  Other

(f) OTHER (*please specify*): .....

- Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated.

6. RELIGION: Please state your religion .....

7. DISABILITY: Do you have a disability? YES / NO (*please specify overleaf*)  
*The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a substantial and long term adverse effect on ability to carry out normal day to day activities.'*

8. MARITAL STATUS: Single  Civil Partnership/Married  Separated/Divorced

- 8a. Number of Children & Ages: .....