

EMPLOYMENT APPLICATION FORM

PLEASE ENSURE THAT YOU COMPLETE ALL RELEVANT SECTIONS OF THIS FORM.



PLEASE RETURN YOUR COMPLETED FORM TO:
 O.C.O TECHNOLOGY LTD, LARKSHALL MILL, THETFORD ROAD, WRETHAM NORFOLK IP24 1QY
 OR BY EMAIL TO: CAREERS@OCO.CO.UK. YOU MAY ATTACH A CV IF YOU WISH

POSITION APPLIED FOR:			
WHERE DID YOU HEAR ABOUT THIS VACANCY?			
AT WHICH LOCATION(S) ARE YOU APPLYING TO WORK?			

1. ABOUT YOU			
SURNAME:		FORENAME(S):	
ADDRESS:			
		POST CODE:	
HOME TEL No.:		MOBILE No.:	
EMAIL:		NI No.:	

		(PLEASE TICK)	
		YES	NO
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UK?			
DO YOU REQUIRE A WORK PERMIT?			
If 'YES', do you hold a valid work permit?			
DO YOU HOLD A CURRENT UK DRIVING LICENCE?			
Is it a provisional licence?			
DO YOU HAVE ANY RESTRICTIONS OR ENDORSEMENTS ON YOUR LICENCE?			
If 'YES', please give details:			
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE, OTHER THAN A SPENT CONVICTION UNDER THE REHABILITATION OF OFFENDERS ACT 1974?			
If 'YES', please give details:			
IF OFFERED THIS POSITION WILL IT BE YOUR ONLY EMPLOYMENT?			
If 'NO', please provide details of additional employment (employer, hours, etc)			
HAVE YOU PREVIOUSLY WORKED FOR US EITHER DIRECTLY OR THROUGH AN AGENCY?			
If 'YES', please give dates and position details:			
HAVE YOU PREVIOUSLY APPLIED TO US FOR ANY OTHER POSITION?			
If 'YES', please give details:			
DO YOU HAVE YOUR OWN TRANSPORT TO GET TO AND FROM WORK?			
PLEASE TICK IF YOU ARE ABLE TO WORK:	SHIFTS:	OVERTIME:	WEEKENDS:
WHAT HOBBIES/LEISURE INTERESTS DO YOU HAVE OUTSIDE OF WORK?			

IF YOU HAVE A DISABILITY, PLEASE TELL US ABOUT ANY ADJUSTMENTS WE MAY NEED TO MAKE TO ASSIST YOU AT INTERVIEW



2. YOUR EDUCATION AND QUALIFICATIONS

SECONDARY SCHOOL:

NAME, LOCATION AND DATES:

SUBJECTS TAKEN: GRADES GAINED:

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FURTHER/HIGHER EDUCATION (COLLEGE/UNIVERSITY)

NAME, LOCATION AND DATES:

SUBJECTS TAKEN: GRADES GAINED:

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ADDITIONAL SKILLS AND FURTHER TRAINING (PLEASE INCLUDE DETAILS OF COMPUTER SKILLS EVEN IF NOT RELEVANT FOR THIS ROLE)

DATES:		SUBJECT(S):	GRADE(S) if applicable
FROM:	TO:		



3. YOUR APPLICATION

WHAT QUALITIES WOULD YOU BRING TO O.C.O?

WHY DO YOU WANT THIS JOB?

WHY DO YOU WANT TO WORK FOR O.C.O?

PLEASE USE THE SPACE BELOW FOR ANY OTHER INFORMATION THAT YOU THINK WILL ASSIST US IN DECIDING ON YOUR SUITABILITY FOR SHORT-LISTING YOUR APPLICATION. THIS COULD INCLUDE ANY SKILLS OR EXPERIENCE YOU HAVE OUTSIDE OF WORK THAT COULD CONTRIBUTE TO YOUR SUITABILITY FOR THIS POSITION SUCH AS VOLUNTARY OR CHARITY WORK. PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY AND ATTACH IT TO THIS FORM.

PLEASE NOTE THAT O.C.O TECHNOLOGY LTD OPERATE A STRICT ZERO-TOLERANCE POLICY WITH REGARDS TO DRUGS AND ALCOHOL AND UNANNOUNCED TESTING IS CARRIED OUT AT ALL SITES. SHOULD YOUR APPLICATION BE SUCCESSFUL, YOU WILL BE ASKED TO UNDERGO A TEST ON OR BEFORE YOUR FIRST DAY OF EMPLOYMENT AND TO CONTINUE TO COMPLY WITH THE POLICY THROUGHOUT YOUR EMPLOYMENT.

4. ABSENCE

HOW MANY DAYS HAVE YOU HAD ABSENT FROM WORK OTHER THAN HOLIDAY:

IN THE LAST 2 YEARS?	DAYS	EPISODES
IN THE LAST 12 MONTHS?	DAYS	EPISODES
HOW MANY DAYS PARENTAL LEAVE HAVE YOU TAKEN IN TOTAL?	DATES:	

PLEASE TELL US ABOUT ANY DATES WHEN YOU WILL NOT BE AVAILABLE FOR INTERVIEW:



4. PREVIOUS EMPLOYMENT			
PRESENT/LAST EMPLOYER NAME AND ADDRESS		FROM:	TO:
JOB TITLE:			
BRIEFLY OUTLINE YOUR RESPONSIBILITIES:			
REASON FOR LEAVING:			
NOTICE REQUIRED:			
PRESENT/LEAVING PAY:	£		
PREVIOUS EMPLOYER NAME AND ADDRESS		FROM:	TO:
JOB TITLE:			
BRIEFLY OUTLINE YOUR RESPONSIBILITIES:			
REASON FOR LEAVING:			
NOTICE REQUIRED:			
LEAVING PAY:	£		
PREVIOUS EMPLOYER NAME AND ADDRESS		FROM:	TO:
JOB TITLE:			
BRIEFLY OUTLINE YOUR RESPONSIBILITIES:			
REASON FOR LEAVING:			
NOTICE REQUIRED:			
LEAVING PAY:	£		

4. REFERENCES
 IF OFFERED A POSITION WITH THE COMPANY IT MAY BE NECESSARY TO TAKE UP REFERENCES. PLEASE GIVE DETAILS OF TWO PEOPLE WE CAN CONTACT FOR WORK REFERENCES. ONE SHOULD BE YOUR PRESENT OR LAST EMPLOYER. THIS PERSON SHOULD BE YOUR MANAGER OR HR MANAGER. WE WILL NOT TAKE UP REFERENCES UNTIL A JOB OFFER HAS BEEN MADE AND ACCEPTED.

REFERENCE ONE:	
RELATIONSHIP: (EG MANAGER)	
OCCUPATION:	
COMPANY NAME	
ADDRESS: (INCLUDING POSTCODE)	
EMAIL ADDRESS: (IF KNOWN)	
TELEPHONE No.:	

REFERENCE TWO:	
RELATIONSHIP: (EG MANAGER)	
OCCUPATION:	
COMPANY NAME	
ADDRESS: (INCLUDING POSTCODE)	
EMAIL ADDRESS: (IF KNOWN)	
TELEPHONE No.:	

PLEASE ENSURE THAT YOU HAVE CHECKED THAT THE FORM IS FULLY COMPLETED AS INCOMPLETE FORMS MAY NOT BE CONSIDERED

I GIVE MY CONSENT UNDER THE DATA PROTECTION ACT 2018 FOR THE COMPANY TO RETAIN AND TO MAKE REASONABLE USE OF THE PERSONAL INFORMATION I HAVE PROVIDED IN CONNECTION WITH ITS EMPLOYMENT POLICIES, PROCEDURES AND PRACTICES.

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I ACCEPT THAT PROVIDING FALSE INFORMATION COULD RESULT IN MY DISMISSAL IF EMPLOYED.	
SIGNATURE:	DATE: