

Silver Street Automotive Group

Application for Employment



PRIVATE AND CONFIDENTIAL

This application form is an important part of the recruitment selection process. Please read thoroughly before completing. On successful appointment, this form will be held by your employer (as stated under 'Group Name' below).

Section 1 – About You

Audi Group Name:	
Title (Mr / Mrs / Miss / Ms):	
Surname:	Other names:
Address:	Daytime telephone: Evening telephone: Mobile telephone:
Postcode:	
Role applied for:	

Do you require a work permit to be employed in the UK?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, do you have one?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you hold a current full driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please give details of any endorsements:				

Some roles within Audi may require you to work flexible hours, for example at weekends.

Are you available to work flexible hours?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Can you please confirm where you heard about this vacancy:							
Local Press	<input type="checkbox"/>	National Press	<input type="checkbox"/>	www.audi.co.uk	<input type="checkbox"/>	Other websites	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Recommendation	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Other	<input type="checkbox"/>

Section 2 – About Your Education and Training

Please tell us about any school, college or university you have attended either within the UK or internationally. Include dates of attendance along with qualifications and grades gained.

School / College / University:	School / College / University:
Dates (from - to):	Dates (from - to):
Qualification:	Qualification:
Result (Grades):	Result (Grades):

School / College / University:	School / College / University:
Dates (from - to):	Dates (from - to):
Qualification:	Qualification:
Result (Grades):	Result (Grades):

Please give details of any other professional, vocational or technical training, including relevant short courses and memberships of any professional bodies either within the UK or internationally.

Training Facility:	Training Facility:
Dates (from - to):	Dates (from - to):
Qualification:	Qualification:
Result (Grades):	Result (Grades):

Section 3 – About Your Employment Experience

Tell us about your current or last employer.

Employer's name:
Dates (from - to):
Job title:
Type of business:
Salary: Location:
Reasons for leaving:
Summary of role and responsibilities:

Tell us about your previous employment experience.

Employer's name:
Dates (from - to):
Job title:
Type of business:
Salary: Location:
Reasons for leaving:
Summary of role and responsibilities:

Employer's name:
Dates (from - to):
Job title:
Type of business:
Salary: Location:
Reasons for leaving:
Summary of role and responsibilities:

Section 4 – Personal Statements

Please outline three reasons why you should be considered for the role you are applying for.

1.

2.

3.

Section 5 – Declaration

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be significant cause for rejection or, if employed, dismissal.

Signature:

Date:

Audi UK will use personal data collected during the application process for recruitment purposes only. We may pass data on to external agencies employed by us to assist in screening applicants. Those agencies will only use the data for services provided to Audi UK and they will treat that data in confidence. Your personal information will not be disclosed to any other party.

Audi UK will hold data collected for a maximum of 12 months. Thereafter applicants must resubmit their personal information. In submitting your application, you give permission for Audi UK to use personal data submitted within the application for the above purposes.

Section 6 – Equal Opportunities Monitoring

Audi has a policy of employment on an equal opportunities basis to ensure no discrimination takes place. The information that you provide on this form will help us ensure that this policy is upheld, but will not be used as part of the selection decision.

Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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The Disability Discrimination Act 1995 defines a person as having a disability if he or she has a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Do you consider yourself to have such a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Date of Birth:	<input type="text"/>
	(dd / mm / yy)

What is your ethnic group?

Please select the one group which best describes your ethnic group.

White	Mixed
British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background. Please specify:	White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/>
Asian or Asian British	Black or Black British
Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background. Please specify:	Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background. Please specify:
Chinese or other ethnic group	
Chinese <input type="checkbox"/> Any other. Please specify:	