



APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE THIS FORM IN YOUR OWN HANDWRITING, SIGN IT AS A CORRECT RECORD OF THE FACTS YOU HAVE STATED AND RETURN IT TO THE ADDRESS ON THE BACK.

Please note that we are an equal opportunities employer committed to ensuring quality of opportunity from the recruitment and selection stage and throughout the employment process. We aim to ensure that discrimination does not occur on grounds of an individual's race, colour, nationality, ethnic origin, gender, sexuality, sexual orientation, religion, disability, physical characteristics or age.

All applications are treated in confidence.

Personal Details

Title: _____ Surname: _____ First Names: _____

Home Address: _____

_____ Postcode: _____

Telephone (Daytime): _____ Telephone (Evening): _____

Email: _____

Name and Address of Next of Kin: _____

_____ Telephone No: _____ Relationship: _____

Position Details

Position Applied For: _____

How did you hear about this vacancy? _____

Do you have any friends/relatives working for us? _____

Current Salary: _____ Notice required by present employer: _____

Have you applied to Cardinal Health for a position before? Yes No Date: _____

Outcome: _____

Background Information

Do you hold a current full driving licence? Yes No Penalty Points? _____

Are you able to work rotating shift patterns? Yes No

Please state the number of days absent during the last 12 months Days _____

Reason for absence _____

As an equal opportunities employer, we invite you to disclose any physical or mental disability in accordance with the Disability Discrimination Act: _____

If you have a disability, what arrangements could we make to help you at the interview or testing stages? _____

Do you have any convictions for criminal activity? (In line with the Rehabilitation of Offenders Act 1974) Yes No

If yes, please give details _____

Education and Qualifications

Schools (from age 11)

From/To Dates	Name of School	Qualifications Taken and Results

Further Education

From/To Dates	Name of College/University	Qualifications Taken and Results

Please give details of any relevant training courses you have attended and special skills that you have:

Professional qualifications and membership of professional bodies:

Please give additional information you believe would support your application (use additional sheet if necessary):

Work Experience

Please provide details over the last 10 years listing present or most recent employer first. Any gaps in employment should be explained. Complete on blank paper if there is insufficient room.

Present/Last Employer: _____

Address: _____

Postcode: _____ Telephone No: _____

Position Held: _____

Date joined: _____ Date left: _____

Type of work and responsibilities: _____

Reason for leaving: _____

Employer: _____

Address: _____

Postcode: _____ Telephone No: _____

Position Held: _____

Date joined: _____ Date left: _____

Type of work and responsibilities: _____

Reason for leaving: _____

Employer: _____

Address: _____

Postcode: _____ Telephone No: _____

Position Held: _____

Date joined: _____ Date left: _____

Type of work and responsibilities: _____

Reason for leaving: _____

Interests and Hobbies

Please give details of any interests and hobbies you presently have:

References

Please provide information of two referees, including your present/last employer, who have known you in a professional capacity.

Name: _____	Name: _____
Position held: _____	Position held: _____
Address: _____ _____	Address: _____ _____
Postcode: _____	Postcode: _____
Telephone: _____	Telephone: _____

May these referees be contacted before an offer is made? Yes/No

I understand that any false statements, answers or omissions made in my application may result in my dismissal if I am offered employment and it later comes to light that I have given false information. As a condition of employment, I agree to undergo a company medical examination, and in some areas drug screening, and understand that any offer of employment is subject to satisfactory medical examination and references to us. I confirm that the information given by me in the above application is true and accurate

Signature: _____ Date: _____

Thank you for your time and effort