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APPLICATION FOR EMPLOYMENT



POST APPLIED FOR

PREPARED TO WORK

FULL TIME

PART TIME

SHIFTWORK

1. PERSONAL DETAILS (BLOCK CAPITALS)

TITLE (Mr/Mrs/Miss/Ms etc.)	HOME TELEPHONE NUMBER
FIRST NAME	MOBILE TELEPHONE NUMBER
SURNAME	NATIONAL INSURANCE NUMBER <input type="text"/>
ADDRESS	CURRENT DRIVING LICENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>
	TYPE PROVISIONAL <input type="checkbox"/> FULL <input type="checkbox"/> HGV <input type="checkbox"/>
	ANY ENDORSEMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>
POSTCODE	USE OF A CAR? YES <input type="checkbox"/> NO <input type="checkbox"/>

2. SECONDARY EDUCATION

DATES		SCHOOLS	LEVEL OF EXAM	SUBJECTS WITH GRADES OR BANDS
FROM	TO			

3. FURTHER / EDUCATION

DATES		COLLEGE OR UNIVERSITY	QUALIFICATION & GRADE	DATE AWARDED
FROM	TO			

4. MEMBERSHIP OF PROFESSIONAL BODIES

NAME OF INSTITUTE PROFESSIONAL BODY	CLASS OF MEMBERSHIP	METHOD OF ADMISSION	DATE AWARDED

7. FURTHER INFORMATION

Please give a general statement about the way in which you consider your skills, knowledge and experience relevant to this post and your reasons for applying. You may wish to include reference to experience gained at work or in a voluntary capacity, details of any education or training undertaken. Use additional sheets if necessary.

8. INTERESTS / HOBBIES

Please give details of pastimes, sports etc.

Offices held in social / sports clubs etc.

9. HEALTH

How many days of absence have you had as a result of illness during the past two years?

Have you been absent through illness for more than two consecutive weeks during the past two years?

YES

NO

If YES please give details

Are you aware of any medical condition that could affect your performance at work?

YES

NO

If YES please give details

Please indicate if you need any special help or assistance should you be short listed for interview

10. CRIMINAL OFFENCES

Have you been convicted of a criminal offence?

YES

NO

If your answer to the above was YES please give details (offence, judgement, date)

Declaration is subject to the Rehabilitation of Offenders Act.

11. REFEREES

One of your referees must be your present or most recent employer. Contact will only be made with your permission

NAME	NAME
POSITION	POSITION
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
CAPACITY IN WHICH YOU KNOW THE ABOVE	CAPACITY IN WHICH YOU KNOW THE ABOVE

12. DECLARATION

I declare that all information contained in this form is true and correct to the best of my knowledge. I understand that false information may result in subsequent dismissal without notice or withdrawal of any offer of appointment.

I understand that Norbord Ltd will require to process the information which I have given in this application form, for the purpose of determining my suitability for employment with the Company, in terms of the Data Protection Act 1998. Some of this information may be deemed "sensitive" such as information given in relation to my health and details of criminal convictions.

Notwithstanding, I hereby consent to the Company processing my information as it considers necessary for determining this application.

Signature

Date

ONCE COMPLETED THIS FORM SHOULD BE RETURNED TO:

Diane Dick - HR Department

Norbord Ltd, Station Road, Cowie, Stirling FK7 7BQ

Tel: 01786 812921. Fax: 01786 815622

diane.dick@norbord.net

