

PCCA Limited

EXTERNAL APPLICATION FORM



Vacancy Details				
Position applying for:				
Preferred Working Pattern:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	If part-time indicate preferred days/hours:	
Salary expectations:	£			

Personal Details				
Title:		First Name (s):		
Surname:				
Address:				
		Postcode:		
Home Telephone Number:		Mobile Telephone Number:		
Email Address:				
NI Number:				
Current driving licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work permit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Details: provide full work history and account for any gaps in employment.				
Current / Most Recent Employment				
From	To	Employers Name & Address	Position	Reason for Leaving
Brief Description of Duties/Responsibilities:				
Current Salary:	£	Notice period / date left:		

Previous Employment

From	To	Employers Name & Address	Position	Reason for Leaving	Final Salary

Education and Qualifications: provide details of all educational qualifications obtained from school, college, etc.

From	To	School/College/University	Subject	Qualification (Grade/class of diploma, degree, etc.)	Date Obtained

Work Related Courses/Training: provide details of courses attended which are relevant to the role applying for.

Date Attended	Length of Course	Organising Body	Course Title / Subject

Additional Information to Support Application

Include reasons for applying; information to demonstrate how your skills, knowledge and experience would transfer to this role; and any other relevant information.

...continue on a separate page if necessary

References

Provide names and addresses of two separate work referees; one must be your current employer. Referees must be someone you reported to e.g. line manager. If you are in, or have just completed full-time education, one referee should be from your last university, college etc.

Reference 1:

Name:			
Position:			
Address:			
Email:			
Work Telephone Number:		Mobile Telephone Number:	
Capacity known to you:		Can we contact prior to Interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference 2:

Name:			
Position:			
Address:			
Email:			
Work Telephone Number:		Mobile Telephone Number:	
Capacity known to you:		Can we contact prior to Interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclosure of Criminal Records

PCCA are engaged in the manufacturing and production of unlicensed medicines for the retail pharmaceutical and hospital markets. Given the nature of the business, it is very important that all employees can be trusted to work in an environment which involves dealing with drugs and noxious substances. For this reason, it is important to the business to ascertain whether or not any individual who may be offered a position with us has a criminal record, particularly with regard to the misuse of drugs.

Please note it is not the company's policy to automatically refuse to employ individuals who disclose a criminal conviction or who admit to having used illegal substances in the past, but it is important from the company's point of view to assess the risks associated in employing such an individual. The company is aware of its obligations under the Rehabilitation of Offenders Act 1974, particularly with regard to "spent" convictions.

Have you ever been convicted of a criminal offence involving the use of illegal substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes specify the date this occurred and the illegal substance(s) used:
Have you ever received a caution from the police relating to any drugs offences, even though you were not subjected to a formal criminal prosecution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes specify the date this occurred and the details of the caution:
Do you agree to be subject to random drug and alcohol testing if you are offered a job with PCCA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No please specify your reason(s):

Declaration

I confirm the information contained in this application form is complete and correct. Any untrue or misleading information will give PCCA the right to reject my application, to withdraw any employment contract offered or, if employed, dismiss me without notice.

I hereby give my authority for PCCA to contact my own doctor for any further details of my state of health.

I understand and accept that PCCA reserves the right to require me to undergo a medical examination as part of the recruitment and selection process.

Signature:		Date:	
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Please return Application to:

Contact:	Sarah Medd - Human Resources Advisor		
Telephone Number:	01661 839 267	Email:	smedd@pccarx.co.uk
Address:	Human Resources Department PCCA Limited Unit 1 Regents Drive Low Prudhoe Industrial Estate Northumberland NE42 6PX		