



Job Application Form



Please complete in **your own handwriting** using a black pen as this form may be photocopied

Post Details

Job you are applying for: Part Time Full Time

If you wish to work part-time indicate preferred days/hours:

Contact Details

Title:

First Name(s):

Surname:

Address:

Postcode:

National Insurance Number

Email:

Home Tel:

Mobile:

Work Tel:

May we contact you at work? Yes No

Do you hold a driving licence? Yes No

Do you require a work permit? Yes No

(Any offer of employment will be subject to receipt of original documentary proof)

Referees

Please give the names and addresses of two separate organisational work referees, one of whom must be your current employer. Referees must be people you reported to, eg line manager, supervisor, team leader, etc.

If you are in, or have just completed, full-time education, one referee should be from your last school/college.

Name:

Position:

Address:

Email:

Telephone:

Capacity in which known to you

Can we contact prior to interview? Yes No

Name:

Position:

Address:

Email:

Telephone:

Capacity in which known to you

Can we contact prior to interview? Yes No

Education and Qualifications

Please give details of all educational qualifications you have obtained from school, college, etc

From	To	School/College/University	Subject	Qualification (including grade or class of diploma, degree etc)	Date Received

Work-Related Courses/Training

Please give details of courses you have attended which are relevant to the job for which you are applying

Date Attended	Length of Course	Organising Body	Course Title/Subject

Employment Details

Please provide full work history and account for any gaps in employment

Current or most recent employment

Date From:	<input type="text"/>	Employer:	<input type="text"/>
Date To:	<input type="text"/>	Address:	<input type="text"/>
Position:	<input type="text"/>		
Period of notice required or date left:	<input type="text"/>	Current Salary:	<input type="text"/>

Brief Description of Duties/Responsibilities:

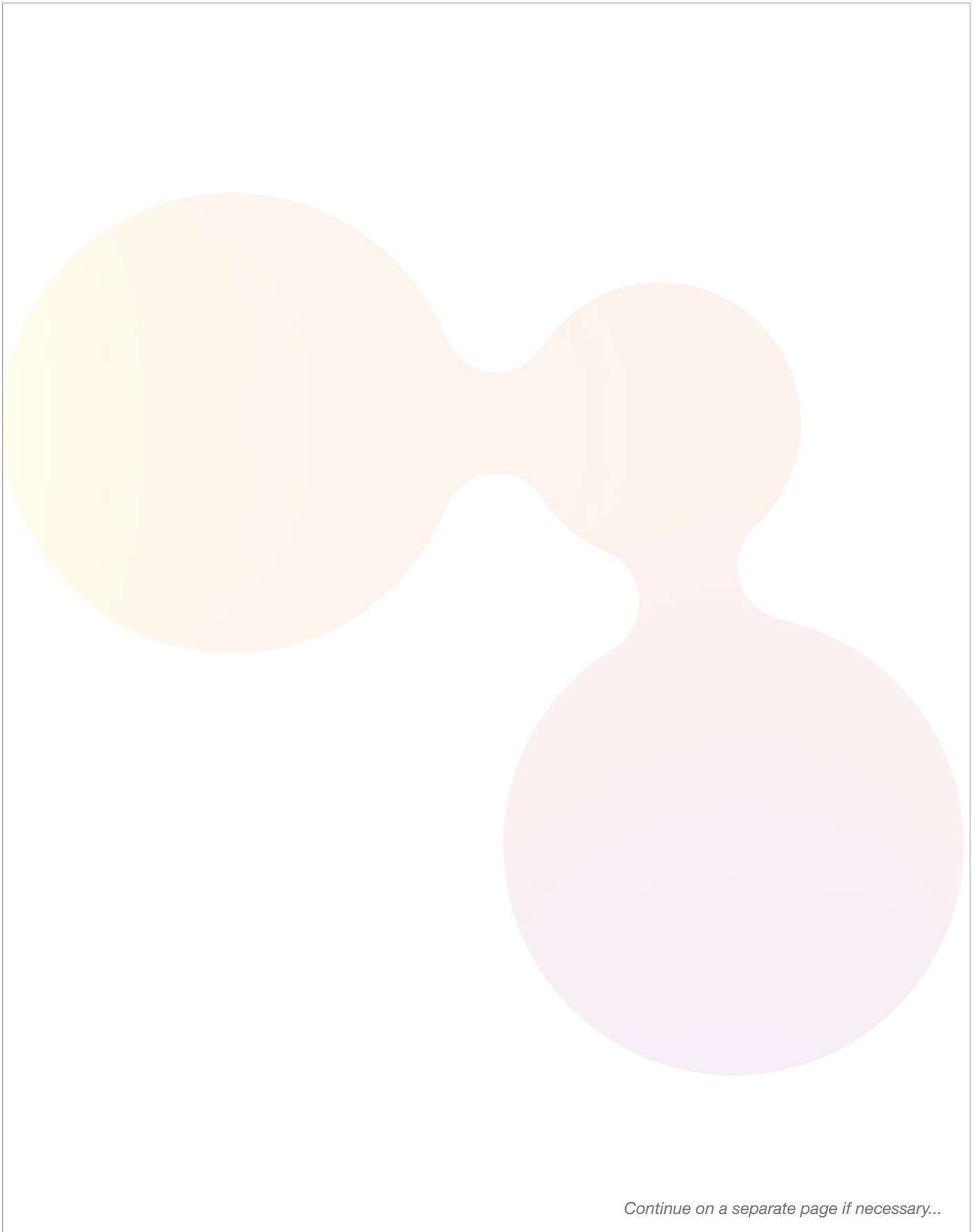
Reason for leaving:

Previous Employment

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

Additional Information In Support of Your Application

Include here your reasons for applying for this post, your personal ambitions and any other information relevant to your application



Continue on a separate page if necessary...

Health Details

Position applied for:

Forename(s): Surname:

Please list any diseases, disorders or allergies which you suffer, or have suffered, from:

Please detail any form of medicine or treatment you currently and/or regularly receive:

Doctor's Name and Address:

Do you have any disabilities which may affect your duties? Yes No

If YES, please give details

If you have a disability, please detail any reasonable adjustments that you believe may be needed either for interview purposes or to enable you to carry out the post applied for:

Absence

How many periods of absence from work due to sickness have you had in the last 12 months?

How many days of absence from work due to sickness have you had in the past 12 months?

Disclosure of Criminal Records

At SCM Pharma we are engaged in the manufacturing and production of drug products for clinical trials and ongoing commercial supply. Due to the confidential nature of the industry, the identity of our clients and their products need to be kept confidential at all times. Given the nature of the business, it is very important that all of our 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 that 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? Yes No

If 'Yes' please specify the date this occurred and specify 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? Yes No

If 'Yes' please specify the date this occurred and outline the details of the caution.

Do you agree to be subject to random drug and alcohol testing if you are offered a job with SCM Pharma Ltd? Yes No

If 'No' please specify your reason(s) for this.

Declaration (please read this carefully before signing)

1. I confirm that the information contained in this application form is complete and correct and that any untrue or misleading information will give SCM Pharma Ltd the right to reject my application, to withdraw any employment contract offered or, if employed, dismiss me without notice.
2. I hereby give my authority for SCM Pharma Ltd to contact my own doctor for any further details of my state of health.
3. I understand and accept that SCM Pharma Ltd reserves the right to require me to undergo a medical examination as part of the recruitment and selection process.
4. I hereby give my consent to a Criminal Records Bureau (CRB) check being carried out on me by SCM Pharma Ltd as part of the recruitment and selection process.

Signature: _____

Dated: _____

Please return to: **Human Resources & Organisational Development Department**
SCM Pharma Limited, Unit 6 Regents Drive, Low Prudhoe Industrial Estate, Northumberland, UK, NE42 6PX

Equal Opportunities Monitoring

This section will be detached from the remainder of your application and is not considered in the selection process

How would you describe your ethnic background?

Choose ONE section from A to E, then tick the appropriate box to indicate your background. If you tick an 'Other' box, please provide details beside it

A) White	<input type="checkbox"/> British	
	<input type="checkbox"/> Irish	
	<input type="checkbox"/> Any other White background	<input type="text"/>
B) Mixed	<input type="checkbox"/> White & Black Caribbean	
	<input type="checkbox"/> White & Black African	
	<input type="checkbox"/> White & Asian	
	<input type="checkbox"/> Any other Mixed background	<input type="text"/>
C) Asian or Asian British	<input type="checkbox"/> Indian	
	<input type="checkbox"/> Pakistani	
	<input type="checkbox"/> Bangladeshi	
	<input type="checkbox"/> Any other Asian background	<input type="text"/>
D) Black or Black British	<input type="checkbox"/> Caribbean	
	<input type="checkbox"/> African	
	<input type="checkbox"/> Any other Black background	<input type="text"/>
E) Chinese or other ethnic group	<input type="checkbox"/> Chinese	
	<input type="checkbox"/> Any other background	<input type="text"/>
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Marital status:	<input type="checkbox"/> Single (includes divorced, widowed)	<input type="checkbox"/> Married or in a civil partnership
Nationality:	<input type="text"/>	
Do you require a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(in accordance with the Disability Discrimination Act 1995)</i>		
Where did you hear about this vacancy?	<input type="text"/>	