

PHARMACIST APPLICATION

Position Applied For

We are committed to providing excellent customer service and your role is vital. Please complete this form carefully.

Take this opportunity to give as much information about yourself as possible.

DATA PROTECTION

The information you give is covered by the Data Protection Act. Information will be kept confidential and will be used only for the purpose of assessing your suitability for the position you are applying for.

Mr/Mrs/Miss/Ms (please delete as appropriate)

Surname First Name(s)

Present Address

.....

..... Post Code

Tel No: (Home) e-mail.....
(Work)

HEALTH

Is there anything we need to know about your health in order to offer you a fair selection interview, or which you think might affect your ability to carry out the duties of the position?

Please note that the successful candidate will be required to complete a medical questionnaire and may be required to undergo a medical examination.

.....
.....

Please state how many days you have taken off work due to sickness in the past 12 months

PREVENTION OF ILLEGAL WORKING

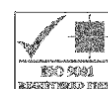
Section 8 of the Asylum and Immigration Act makes it a criminal offence for us to employ a person aged 16 or over who is subject to immigration control. All new employees are required to produce one of the following documents before employment commences:

- A document from a previous employer, the Inland Revenue, Benefits Agency, Contributions Agency of Employment Service, which shows your name and national insurance number (e.g. P45, pay slip, P60, NI Card).
- A British passport confirming that you are either a British Citizen or have the right to live and work in, or readmission to, the United Kingdom.
- A certificate of registration or naturalisation as a British Citizen.
- A birth certificate issued in the United Kingdom
- An EU passport or national identity card or other travel document endorsed to show that you have indefinite leave to enter, or are exempt from immigration control, or a valid work permit or other approval to take employment.

Can you produce one of the above listed documents?

Yes

No



Do you have a current driving licence?

YES/NO

Do you own a car?

YES/NO

Do you have any current driving convictions

YES/NO

If YES, please give details

REHABILITATION OF OFFENDERS ACT 1974

Please give details of any convictions that you have which are not excluded by the Rehabilitation of Offenders Act 1974 – please give date, conviction, sentence etc.

If there are no full-time positions available, would you be interested in part-time work?

YES/NO

When can you start work?

Please give brief details of any pastimes, hobbies and sports

Have you any family or friends that are currently employed by H I Weldrick Ltd

Yes

No

If yes please supply their name _____ What is your relationship to them? _____

EDUCATION**DEGREE QUALIFICATIONS**

Names of University/College		Degree Obtained	Class Obtained

POSTGRADUATE/CONTINUING PROFESSIONAL DEVELOPMENT COURSES

Name of Course Provider	Course Attended	Date	Qualification/Certificate Received

RPSGB Membership Number:

EMPLOYMENT HISTORY

Present/Last Employer's Name and Address

Post Code Tel No

From To Position Held

Your Responsibilities

Your Reasons for Leaving.

Notice Required Current Salary £.....

Your current and previous employers may be approached for references. These will not normally be taken until you have accepted our offer.

PREVIOUS EMPLOYMENT

Name/Address of Previous Employer(s)	From - To	Position Held	Responsibilities and Reasons for Leaving	Leaving Salary

ADDITIONAL INFORMATION

You should use this section to include any information you feel relevant to your application, including what has influenced your choice of career and any personal qualities or experiences you consider relevant to your role.

How did you hear about the Weldrick Group, and what factors lead to your application?

EQUAL OPPORTUNITIES MONITORING

HI Weldrick Ltd. Is committed to equality of opportunity for all. We believe that individuals should be selected and promoted purely on the basis of merit and ability. For our own monitoring purposes we would be grateful if you would complete the following information. This information will be kept confidential and will not be used in the selection process. Your application will not be affected in any way if you choose not to answer these questions.

1. I would describe my ethnic origin as:
Please circle appropriate description.

- | | | | | | |
|-----------|----------------|----------|--------|-----------|-------------|
| UK | African | Chinese | Indian | Pakistani | Bangladeshi |
| Caribbean | Irish Republic | European | Other | | |

2. My sex is:

- | | |
|------|--------|
| Male | Female |
|------|--------|

3. My marital status is:

- | | | | |
|--------|---------|----------|---------|
| Single | Married | Divorced | Widowed |
|--------|---------|----------|---------|

4. My age group is:

- | | | | | |
|-------|-------|-------|-------|-----|
| 16-21 | 21-30 | 31-40 | 41-50 | 51+ |
|-------|-------|-------|-------|-----|

REFERENCES

Please give details of two people (not relatives) one of whom should be a previous employer if applicable. It is our policy to seek references only when an offer of employment is made.

LAST EMPLOYER

Name

Address

.....

.....

Tel No

EMPLOYMENT

Name

Address

.....

.....

Tel No

DECLARATION

The facts set forth in this application for employment are, to the best of my knowledge, true and complete

Signature

Date

When you have completed this form please return in the FREEPOST envelope provided to
Mr Richard Wells – Pharmacist Superintendent at:
HI Weldrick Ltd, FREEPOST NEA 3622, DONCASTER. DN4 5BR