

A G BROWN LTD
Personal Information Collection Statement
Pertaining to Recruitment (PICS)



The personal data collected in this application form will be used by A G Brown Limited to assess your suitability to assume the job duties of the position for which you have applied and to determine preliminary remuneration, bonus payment and benefits package to be discussed with you subject to selection for the position.

Personal data marked with (*) on the application form are regarded as mandatory for selection purposes. Failure to provide these data may influence the processing and outcome of your application.

It is our policy to retain the personal data of unsuccessful applicants for future recruitment purposes for a period of two years.

Under the Personal Data (Privacy) Ordinance, you have a right to request correction of your personal data in relation to your application. If you wish to exercise these rights please contact our Personnel Department.

Application For Employment

All sections marked with an asterix * must be completed



Please complete all sections of this form in **Block** capitals and return to the
PERSONNEL DEPT, A G BROWN LTD, 42 RAMSDEN ROAD, SOUTHFIELD INDUSTRIAL. ESTATE, GLENROTHES, FIFE, KY6 2SN

*Position applied for:	Where did you see the job advertised?
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*Title: _____ *Forename(s): _____ *Surname: _____

*Address: _____

*Post Code: _____

*Tel No: _____ Tel No.Mobile: _____

*Date of Birth: _____ Nationality: _____

*National Insurance Number

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*Current Driving Licence? Yes/No _____ Expiry Date _____

Groups: _____ Details of endorsements _____

*Do you require a work permit? Yes/No

*Present or most recent Employment

Job Title: _____ Salary/Wage: _____

Employer: _____

Starting Date: _____ Notice Required: _____ Finishing Date _____
(if applicable) (if applicable)

Please give a brief description of your duties below and reasons for wishing to leave. (if applicable)

***Previous Employment (most recent first)**

Job Title & details of main duties	Employer	From	To	Salary/ Wage:	Reason for Leaving

Education/Qualifications

Schools/Colleges/ University Attended	From	To	Qualifications gained or Currently studying	Level & Grade

***Health Details**

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities?

YES NO

Please specify any special arrangements for work associated with impairment.

Please specify any special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

Please detail any form of medication, drugs or treatment you are currently and or regularly receiving.

Please list all absences from work in the past 12 months and reasons for such absences.

Other Information in Support of Your Application

Please give details of any skills, knowledge or experience you feel is relevant to your application (this does not have to be related to paid employment, it may be related to voluntary or unpaid work, managing a household or any other activity you have carried out). You should also use this section to explain why you are interested in this job.

*** Recruitment Policy**

It is the Company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex, sexual orientation, marital status, disability or religious preferences.

I authorise the Company to obtain reference to support this application and release the Company and referees from any liability caused by giving and receiving information.

DECLARATION: (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organization reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signature: _____ Date: _____