

Application form for job as:
Customer Services Advisor



Please answer the following questions in full and send back to:

CSA Applications
 Kays Medical
 3/7 Shaw Street
 Liverpool
 L6 1HH

Surname:

Date of birth (optional):

Other names:

Telephone (Home):

Address:

Mobile:

.....

E-mail:

.....

Applying for: Part Time Full Time

.....

Education and training:

Institution attended	Dates	Examinations passed and qualifications obtained
Secondary education (11 years +)		
Further education (University, college, academic or vocational courses etc)		
Professional or other training		

Please describe relevant skills and /or experience that you have attained in education and / or employment that you feel will enable you to be successful in a customer services role: (approximately 100 words)

Please describe why you have applied: (approximately 100 words)

Please add here any additional information you wish to support your application: (approximately 100 words)

continued overleaf

Continued...

When could you start work with us?

.....

Please state any dates that you will not be able to attend an interview

.....

**Have you ever been convicted of a criminal offence? Yes / No
(Declaration subject to the Rehabilitation of Offenders Act 1974)**

.....

Do you have any disabilities that might affect your application? Yes / no

Please tell us if:

A. There are any reasonable adjustments we can make to assist you in your application.

.....

B. There are any reasonable adjustments we can make to the job itself to help you carry it out.

.....

Please give the names and addresses of two references, other than your present employer or relatives, who we could approach now.

Reference 1:

.....

Reference 2:

.....

I confirm to the best of my knowledge the above information is correct.

Signature

Date:

Monitoring Information:

Kays Medical are committed to promoting quality of opportunity and good race relations and avoiding racial discrimination.

To help us monitor this, will you please provide the information requested.

The information you provide will only be used for monitoring purposes, will not affect your application and is optional

Please tick the appropriate boxes	
1	Your gender is Male <input type="checkbox"/> Female <input type="checkbox"/>
2	Your age group is 16-29 <input type="checkbox"/> 30-44 <input type="checkbox"/> 45-65 <input type="checkbox"/> 65+ <input type="checkbox"/>
3	Do you consider yourself disabled? Yes No (please indicate any special assistance that you may require if selected for interview)
4	<p>Ethnic origin (please tick only one of the boxes below):</p> <p>White British English <input type="checkbox"/> Irish <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Other <input type="checkbox"/> If other white background, please specify</p> <p>Mixed White and Caribbean <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black <input type="checkbox"/> African <input type="checkbox"/> Other Mixed Background <input type="checkbox"/></p> <p>Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian Background <input type="checkbox"/> If other black background, please specify</p> <p>Arab or Middle Eastern background Arab <input type="checkbox"/> Israel <input type="checkbox"/> If other Middle Eastern background, please specify</p> <p>Chinese or other ethnic Group Chinese <input type="checkbox"/> Any other background, please specify</p>
5	How did you hear about this vacancy? Newspaper <input type="checkbox"/> Word of mouth <input type="checkbox"/> Internal <input type="checkbox"/> Internet <input type="checkbox"/> If you ticked Newspaper, please state name