



TJ Morris Limited,
Axis Business Park, East Lancs Road,
Gillmoss, Liverpool, L11 0JA.

Tel: 0151 530 2920

Fax: 0151 530 2922

E mail: recruitment@tjmorris.co.uk

Application Form

The Position

Position applied for: Full Time Part Time Location

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please state the hours you are able to work:	From (Time)							
	To (Time)							

Where did you see this position advertised?

Personal Details

Surname Forename

Address

..... Postcode

Home Telephone No. Mobile No. Email Address

Do you currently hold a driving licence? Yes No

Have you had any driving convictions or accidents in the last 5 years?
(If yes, please give details) Yes No
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.....

If applying for a driving vacancy, including fork lift truck,
please state type of licence held and length of time you have held this licence.
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Are you eligible for employment in the UK? Yes No

Have you ever worked for T. J. Morris Ltd. previously?
(If yes, please give details) Yes No
.....

Do you know anyone who works for T. J. Morris Ltd.?
(If yes, please give their name & state your relationship to them) Yes No
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Are you required to give notice to your existing employer?
(If yes, how much notice is required) Yes No
.....

Do you have any pre-booked holiday commitments?
(If yes, please give dates) Yes No
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Education / Training

School / College / Institute	Dates	Subjects / Course	Qualifications

Please describe what skills you have that would benefit T. J. Morris Ltd.?

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Please state your hobbies & interests.

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Employment History

Please list details of positions held starting with your most recent (Please continue on separate sheet if necessary)

Company Name & Nature of Business	From	To	Position Held & Main Duties	Salary	Reason For Leaving

Please state how many days sickness you have had in the last 12 months and reasons for this absence.

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- Are you currently receiving any medical treatment? Yes No
- Have you ever sought medical advice for problems associated with your back? Yes No
- Have you been referred for out patient / in patient treatment in the last two years? Yes No
- Have you ever sought medical advice for depression or stress related illness? Yes No
- Have you ever been admitted to hospital due to serious illness or incapacity? Yes No
- Do you have any disability or illness which may require workplace adjustments? Yes No

If you answered 'yes' to any of the above questions, please give details

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Have you ever been convicted of a criminal offence (under the Rehabilitation of Offenders Act 1974)? Yes No

(if yes, please give details)

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References

Please provide the names of two referees from your last two employers. If you have not been employed previously, we will require details of professional persons who can provide a character reference (e.g. teacher, lecturer etc.) Please ensure that you provide **FULL** details for both referees. All offers of employment are conditional upon the receipt of satisfactory references.

Name & Position of Referee	Company Name & Full Address	Telephone Number
		Permission to contact prior to interview Yes <input type="checkbox"/> No <input type="checkbox"/>
		Permission to contact prior to interview Yes <input type="checkbox"/> No <input type="checkbox"/>

Declarations

References I authorise T J Morris Ltd to obtain references from the referees named above to support this application. I further release the company and referee from any liability caused by giving and receiving such information.

Asylum & Immigration Act 1996 Under the Asylum and Immigration Act 1996 we are obliged to ensure that all new employers are legally entitled to be employed in the U.K. If appointed you will be required to provide original documentation as evidence before your employment commences.

Police Subject Access Information As a condition of employment we may request applicants to obtain police subject access information which is a copy of any prosecution, caution or conviction history held on the police national computer. Where this is requested, the cost will be reimbursed by the company.

Personnel Vetting Report Where your role involves the handling of company assets, the company may seek credit reference checks directly from their appointed credit reference agency.

I declare that all information provided in support of my application is, to the best of my knowledge, correct. I also understand that any false or misleading information given in this application, or failing to disclose convictions may result in my dismissal without notice if I am appointed. I agree to the above declarations and to obtain police subject access information if requested by the company.

Signature

Date

Thank you for completing this application form. Please note, we will not contact you unless we wish to take your application further.

Please return completed form to:

Head Office

HR Department T. J. Morris Ltd.
Axis Business Park, East Lancs Road, Gillmoss
Liverpool, Merseyside L11 0JA

Store

.....

For official Use Only

VERBAL REFERENCES - This section must be completed by Store / Warehouse Management prior to job offer / employment commencing.

Reference 1					Reference 2						
Company Name:					Company Name:						
Contact Name & Position:					Contact Name & Position:						
Applicants Position:					Applicants Position:						
Dates From: To					Dates From: To						
Reason for leaving:					Reason for leaving:						
(Please tick)	Excellent	Good	Average	Unsatisfactory	(Please tick)	Excellent	Good	Average	Unsatisfactory		
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PUNCTUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUNCTUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Would you re-employ this applicant?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Would you re-employ this applicant?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you recommend them for employment?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Would you recommend them for employment?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO please obtain further information:					If NO please obtain further information:						
Reference taken by (please print name):					Reference taken by (please print name):						
Position: Date:					Position: Date:						



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Equal Opportunities Monitoring Form

The information you provide will be used solely for monitoring purposes to ensure our recruitment process does not discriminate against any section of society. By providing this information, you give consent for TJ Morris Ltd to process this data, in order to monitor our Equal Opportunities Policy.

This form will not be seen by the person who assesses your application form.

Please complete this form and return it to the Human Resources Department at TJ Morris Ltd at the above address. If you need assistance in completing the form please telephone or email the Human Resources Department, contact details shown above.

Position applied for:	Date Applied:
Location of Position:	
Full Name:	Marital Status:
National Insurance Number:	Date of Birth:
Gender: (please tick relevant box)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Number of Dependents:	
Do you consider yourself to have a disability? (please tick relevant box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state the nature of disability: (The Disability Discrimination Act defines disability as a physical or mental impairment, which has a substantial and long-term effect on the person's ability to carry out normal day-to-day activities)	
Please tick the relevant box to indicate the Ethnic Origin, which closely represents you:	
Asian/Asian British	Black
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Pakistani <input type="checkbox"/>	African <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Any other Black background (please specify)
Any other Asian background (please specify)	
Chinese or Other Ethnic Group	Mixed
Chinese <input type="checkbox"/>	White/Black African <input type="checkbox"/>
Any other Ethnic Group (please specify)	White & Asian <input type="checkbox"/>
	White/Black Caribbean <input type="checkbox"/>
	Any other Mixed background (please specify)
White	
White British <input type="checkbox"/>	
White Irish <input type="checkbox"/>	
Any other White background (please specify)	

Signature	Date
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