

SCM PHARMA LIMITED 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:

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

Contact Details

Title	First Name(s)	Surname	Email:
Address			Home Tel No:
			Mobile Tel No:
			Work Tel No:
Postcode			May we contact you at work? Yes / No
National Insurance Number			
Do you require a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you hold a current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>NB: Any offer of employment will be subject to receipt of original documentary proof</i>			

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.

Reference 1	Reference 2
Name	Name
Position	Position
Address	Address
E-mail	E-mail
Telephone No:	Telephone No:
Capacity in which known to you	Capacity in which known to you
Can we contact prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can we contact prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>

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 Obtained

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

From	To	Employers Name & Address	Position	Reason for Leaving

Brief Description of Duties/Responsibilities

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Current Salary		Period of notice required or date left	
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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

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Continue on a separate page if necessary

Please detail any reasonable adjustments that you believe may be needed for the interview?	
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Disclosure of Criminal Records

At SCM Pharma Limited we are engaged in the manufacturing and production of unlicensed medicines for the retail pharmaceutical and hospital market. 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.

		Yes	No	
1.	Have you ever been convicted of a criminal offence involving the use of illegal substances?			<i>If 'Yes' please specify the date this occurred and specify the illegal substance(s) used.</i>
2.	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?			<i>If 'Yes' please specify the date this occurred and outline the details of the caution.</i>
3.	Do you agree to be subject to random drug and alcohol testing if you are offered a job with SCM Pharma Ltd?			<i>If 'No' please specify your reason(s) for this.</i>

Declaration (please read this carefully before signing)

- 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.
- I hereby give my authority for SCM Pharma Ltd to contact my own doctor for any further details of my state of health.
- 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.
- 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 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

- British
- Irish
- Any other White background

B) Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other Mixed background

C) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

D) Black or Black British

- Caribbean
- African
- Any other Black background

E) Chinese or other ethnic group

- Chinese
- Any other background

Gender

Female Male

Nationality

Do you require a work permit?

Yes No

Where did you hear about this vacancy?