

## SUPPLEMENT TO APPLICATION FORM



### Equal Opportunities Monitoring

As part of our equal opportunities policy we are committed to monitoring recruitment of staff. Please return this form with your application form.

Ultimate Packaging Ltd seeks to ensure as far as possible that all groups in society are fully represented in it's workforce. It is our intention to ensure that job applications are treated solely on the basis of their merits, abilities and potential, regardless of gender, race, colour, nationality, ethnic or national origin, age, socio-economic background, disability, religious or political beliefs, trade union membership, family circumstances, sexual orientation or other irrelevant distinction.

**To ensure this policy is being implemented we need to monitor the position both for our own purpose and to comply with legal requirements. We cannot do this effectively without your help. Therefore, we greatly appreciate your time and assistance in completing this voluntary form.**

**The information will be used solely for monitoring purposes and has no part in any selection process. It will be detached from the rest of the application form on receipt and before any short-listing takes place.**

Information given on this form will be entered onto a computer database for the purpose of recruitment administration and equal opportunities monitoring. This form will be shredded after six months.

<b>Position Applied for:</b>	
<b>Surname:</b>	<b>Forename:</b>

**Please fill in the details required and/or tick the appropriate boxes. Please leave any questions that you do not wish to answer.**

<b>Date of Birth</b>	__ / __ / __	<b>Age</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	<b>Current Postcode</b>	
<b>Marital status</b>	<b>Single</b>	<input type="checkbox"/>	<b>Married</b>	<input type="checkbox"/>	<b>Divorced</b>	<input type="checkbox"/>
	<b>Co habiting</b>	<input type="checkbox"/>	<b>Separated</b>	<input type="checkbox"/>	<b>Widowed</b>	<input type="checkbox"/>

<b>Ethnic Background.</b> Please tick the box which you feel most appropriately identifies your ethnic origin:									
<b>Asian</b>	<input type="checkbox"/>	<b>Black</b>	<input type="checkbox"/>	<b>Chinese</b>	<input type="checkbox"/>	<b>Dual Heritage</b>	<input type="checkbox"/>	<b>White</b>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	English	<input type="checkbox"/>
Indian	<input type="checkbox"/>	British	<input type="checkbox"/>			White & Black African	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>			White & Black Caribbean	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	Any other black background	<input type="checkbox"/>			Any other mixed race background	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
								Other	<input type="checkbox"/>

<b>Other:</b> Please specify your ethnic group	
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**Thank you for your co-operation in completing this form. If you feel it can be improved in any way please make your comments on the reverse of this form**