

Job Application Form

Job Title: _____ Reference: _____

Full Name: _____

Address: _____

_____ Post Code: _____

Home Telephone: _____ Mobile/other: _____

Email Address: _____

Driving Licence/ Car Ownership

Do you have a current driving licence? Yes ☐ No ☐

Do you have full access to a car? Yes ☐ No ☐

Do you have any current penalty points? Please give details below

Education & Training

Beginning with Secondary education, give details of all qualifications/certificates/diplomas gained.

Date to & from	School/College/University	Subject	Grade

Other Relevant Qualifications and Training. (Please give full details)

Present Employment Details

From	Name & address of Employer	Job Title & duties	Notice Period	Annual Salary

Previous Employment

Please give full details of any gaps in your employment.

From	To	Name & address of Employer	Job Title & duties	Annual Salary	Reason for Leaving

Additional Information

In the space below, please provide any further information how you meet the requirements of the job. (Use additional sheets if needed.)

Rehabilitation of Offenders Act 1974

Under the Rehabilitation of Offenders Act, 1974 certain persons who have not subsequently reconvicted may consider their conviction as “spent”. The general effect of this is that under most circumstances no references need be made to such conviction or circumstances relating to it by person concerned; nor should any other person publish it or refer to it. However, in order to protect the public, this post is exempt from the Provisions of the Act outlined above. Any such information will therefore be kept in strict confidence and used in consideration of the suitability of an applicant for a position where such exemption is appropriate.

Have you had any recorded convictions?

Yes ☐ No ☐

If yes, please give details.

References

Please give details of 2 referees, one of whom should be your present or last employer.

Name

Name

Occupation

Occupation

Address

Address

Email Address

Email Address

Tel. N°:

Tel. N°:

If required, may we contact your referees prior to interview?

Yes ☐ No ☐

Do you have any special requirements for the interview? Yes ☐ No ☐

If YES, please give details: _____

How did you find out about this job vacancy?

Newspaper ☐ Word of Mouth ☐ Employment Agency ☐ Other ☐

(If other, please give details)

Declaration

I declare that the information given in this application is true. I understand that any falsification will be judged as serious misconduct and may result in dismissal.

Signed: _____

Date: _____

Equal Opportunities Monitoring Form

We keep records of people who apply to us for support. This is to ensure that our service is provided on an equal basis without discrimination on the grounds of age, gender, race, ethnicity, sexuality, disability or religion. Any information you choose to give us will be treated in confidence and will be used for monitoring purposes only.

GENDER:	Male <input type="checkbox"/>				Female <input type="checkbox"/>			Other <input type="checkbox"/>	
AGE:	under18 <input type="checkbox"/>	18-24 <input type="checkbox"/>	25-29 <input type="checkbox"/>	30-34 <input type="checkbox"/>	35-39 <input type="checkbox"/>	40-49 <input type="checkbox"/>	50-59 <input type="checkbox"/>	60-69 <input type="checkbox"/>	70+ <input type="checkbox"/>
RACE:	ETHNICITY:								
White <input type="checkbox"/>	British <input type="checkbox"/>		Irish <input type="checkbox"/>		Any other White background <input type="checkbox"/>				
Black <input type="checkbox"/>	African <input type="checkbox"/>		Caribbean <input type="checkbox"/>		Any other Black background <input type="checkbox"/>				
Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>		Indian <input type="checkbox"/>		Pakistani <input type="checkbox"/>		Arab <input type="checkbox"/>		
	Chinese <input type="checkbox"/>				Any other Asian background <input type="checkbox"/>				
Mixed <input type="checkbox"/>	White & Asian <input type="checkbox"/>		White & Black African <input type="checkbox"/>		White & Black Caribbean <input type="checkbox"/>		Any other Mixed background <input type="checkbox"/>		
Other <input type="checkbox"/>	Gypsy <input type="checkbox"/>		Romany <input type="checkbox"/>		Traveller <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>		
SEXUAL ORIENTATION:									
Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>		Heterosexual <input type="checkbox"/>		Lesbian <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>		
DISABILITY:									
If yes, please tick relevant box below:	Yes <input type="checkbox"/>		No <input type="checkbox"/>				Don't know <input type="checkbox"/>		
Mobility <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>		Hearing Impairment <input type="checkbox"/>				Mental Health condition <input type="checkbox"/>		
Autistic Spectrum Condition <input type="checkbox"/>	Learning disability <input type="checkbox"/>		Progressive Disability/Chronic Illness <input type="checkbox"/>				Other -		
RELIGION:									
Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>		Sikh <input type="checkbox"/>				Muslim <input type="checkbox"/>		
Jewish <input type="checkbox"/>	Christian <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>		Not known <input type="checkbox"/>		None <input type="checkbox"/> Other -		
MARITAL STATUS:									
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Living with Partner <input type="checkbox"/>		Other -			

Thank you for taking the time to provide this information.