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|  Job Application Form |

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| Vacancy Title: |  |
| Please tell us how you heard about this vacancy: |  |

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| Personal details |

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| --- | --- | --- | --- |
| Last Name: |  | **First Name:** |  |
| Address: |  |
|  |  |
| Postcode: |  |
| **Home Telephone No.**  |  | **Daytime Contact No.** |  |
| **E-mail address:** |  |
| **National Insurance No.** |   |  |  |  |  |  |  |  |  |
| **Driving Licence** Do you hold a full, clean driving licence valid in the UK? | Yes [ ]  No [ ]  |

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|  **2. Preferred hours** |

Please tick

Full time Part time

### We like our workers to be willing to work flexibly across the week and need to know when other commitments mean you could not be available to work:

Please tick when you are available:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Weds** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Morning** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |

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| 3. Education/Qualifications |

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| **School**  | **Study Dates** | **Qualification and Grade** | **Date Obtained** |
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| **College/University** | **Study Dates** | **Qualification** **and Grade** | **Date Obtained** |
|  |  |  |  |
| **Ongoing Professional Development** | **Study Dates** | **Qualification** **and Grade** | **Date Obtained** |
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| **Training and Development** |
| Please use the space below to give details of any training or non-qualification based development which is relevant to the post and supports your application.  |

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| **Training Course** | **Course Details** **(including length of course/nature of training)**  |
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| **Current Membership of any Professional Body/Organisation** |
| Please give details:  |

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| Employment History |
| **Previous Employment:** Please include any previous experience (paid or unpaid), starting with the most recent first. |

**Current or most recent employer**

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| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
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| --- | --- |
| Position Held: |  |

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| --- | --- | --- | --- |
| Date Started: |  | Leaving Date: |  |
| Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary on leaving this post: |  | Contact Name of Line Manager for reference: |  |

|  |
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| **Brief description of duties:** |
|  |

**Previous employer**

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Started: |  | Leaving Date: |  |
| Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary on leaving this post: |  | Contact Name of Line Manager for reference: |  |

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| --- |
| **Brief description of duties:** |
|  |

**Previous employer**

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Started: |  | Leaving Date: |  |
| Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary on leaving this post: |  | Contact Name of Line Manager for reference: |  |

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| --- |
| **Brief description of duties:** |
|  |

Continue on separate sheet if necessary

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| 5. Information in support of your application |
| **Skills, abilities and experience**Please use this section to demonstrate why you think you would be suitable for the post by reference to the job description and person specification (and by giving examples and case studies). Please include all relevant information, whether obtained through formal employment or voluntary/leisure activities. Attach and label any additional sheets used. See guidance sheet for further information. |
|  |
| Continue on a separate sheet if necessary |
| 6. Convictions/ Disqualifications |

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| Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986We would draw your attention to the following statement:-“Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act”.**Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order.** (Past criminal proceedings are not necessarily an obstacle to taking up a post. This occurs only where the offence/s is/are deemed relevant. Any details will be discussed with you should you be the successful candidate based on your supporting statement, interview and tests).   |
| 7. Reasonable Adjustments/Arrangements for Interview |

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| **Please contact us if you need the application form in an alternative format.** |

Are you subject to any conditions relating to your employment in this country? **YES/NO**

If "yes" please use the space below to tell us what these are?

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If you need us to make any adaptations for your interview to accommodate any disability you may have please tell us what these should be?

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**Are you closely related or married to a staff or Board member of Job Earnshaw? Yes/No**

If yes, please state the name of the staff or Board member and nature of this relationship below:

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|  |

**If appointed when could you start? Give period of notice if applicable**

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| 8. Medical Condition |

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| Please outline any existing medical conditions that we should be aware of, e.g. asthma, diabetes, heart conditions, anxiety, back problems or any long term conditions that would require adjustments to be made to the role.  |
| Are you registered as disabled **YES/NO**If yes please give more details |

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| References |

Please give the detail of **two** references – see guidance sheet for further information.

|  |  |
| --- | --- |
| Name of Referee and relationship to you: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  | Postcode: |
|  | **Email:**  | **Tel:**  |

|  |  |
| --- | --- |
| Name of Referee and relationship to you: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  | Postcode: |
|  | **Email:**  | **Tel:**  |

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|  Declaration |

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| Statement to be Signed by the ApplicantPlease complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.I agree that Job Earnshaw can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.**I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.**  |

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| Signed: |  | **Date:** |  |