

# Job Application Form



## Section 1 Vacancy Details

Title of job applying for:

Office use only

Where did you hear about the vacancy?

The information that you supply on this Form will be treated in confidence.

## Section 2 Present Employment

If currently unemployed, please give details of your last employer

To – from	Name & address of employer	Job title	Salary/hourly rate	Reason for leaving

Main duties/responsibilities - Continue on separate sheet if needed

Notice period

## Section 3 Previous Employment

Please give details of previous employment with your most recent past employment first

To – from	Name & address of employer	Job title	Salary/hourly rate	Reason for leaving

Main duties/responsibilities - Continue on separate sheet if needed

To – from	Name & address of employer	Job title	Salary/hourly rate	Reason for leaving

Main duties/responsibilities - Continue on separate sheet if needed

To – from	Name & address of employer	Job title	Salary/hourly rate	Reason for leaving

Main duties/responsibilities - Continue on separate sheet if needed

## Section 4 Education and Professional Qualifications

### All relevant qualifications

Please also indicate subjects currently being studied

Subject/qualification	Place of Study	Grade/Result	Year Obtained

### Training and Development

Please give details of any training and development courses or non-qualification courses which support your application. Include any on the job training as well as formal courses

Subject/qualification	Place of Study	Grade/Result	Year Obtained

Are you registered with a professional body  Yes  No

Please state:

Level of Membership:

## Section 5 Personal Statement

**Abilities, skills, knowledge and experience. Please use this section to explain in detail how you meet the requirements of the Job Description and Person Specification.**

In this section you must ensure that you demonstrate fully how you meet each criteria set out in the person specification of the post you are applying for including any experience, skills and abilities including any voluntary/unpaid activities.

All information will be treated in the strictest confidence. The following sections will be detached from your application form (Sections 1 – 5) on receipt and during the recruitment process.

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## Section 6 Rehabilitation of Offenders Act 1974

Do you have any convictions that are unspent under the Rehabilitation of Offenders Act (1974)?

Yes

No

Have you ever been excluded from a Football League or Premier League ground

Yes

No

If yes, please give details / dates of offence(s) and sentence:

## Section 7 Protecting children and vulnerable adults

The following information may be required if the post you are applying for requires a Disclosure and Barring Service (DBS) police check.

### Enhanced Checks Only

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

No

If yes please provide details

## Section 8 Declaration

### NB. Statement to be signed by the applicant

Please 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 hereby certify that:

- All the information given by me on this form is correct to the best of my knowledge
- All questions relating to me have been accurately and fully answered
- I possess all the qualifications that I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the contract of employment and the job description

Signed:

Date:

NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear within 14 days of the closing date must conclude that their application has been unsuccessful. Thank you for your interest in this post.

Any personal information will be treated in accordance with the requirements of the Data Protection Act 1998. If you are returning this form by email, you will be asked to sign your application at interview.

## Section 9 Personal Details

Last name:	First name:
Address:	
Post code:	
Daytime telephone no:	Home telephone no:
Mobile telephone no:	E-mail address:

Can we contact you at work?

Yes  No

Do you need any special arrangements in order to attend the interview?

Yes  No

National insurance no:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes  No

Driving Licence – if relevant to post applied for: Do you hold a full, clean driving licence valid in the UK?

Yes  No

If no, please give details \_\_\_\_\_

**If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.**

## Section 10 References

Please give two names and addresses of referees or recent employers who are contactable for a reference.

Reference 1	Reference 2
Name:	Name:
Position:	Position:
Work relationship:	Work relationship:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Telephone no.:	Telephone no.:
E-mail: Are you willing for this referee to be approached prior to the interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail: Are you willing for this referee to be approached prior to the interview? <input type="checkbox"/> Yes <input type="checkbox"/> No

# Section 1 | Equality and Diversity

## Are you:

Female  Male Other, please specify: \_\_\_\_\_  
I prefer not to answer this question

## What is your age?

16 - 24  25 - 34  35 - 44  45 - 54  55 - 64  
 65 - 74  75+  I prefer not to answer this question

## Do you consider yourself to have a disability or impairment?

Yes  No  I prefer not to answer this question

### If yes, how would you describe your impairment? Please tick all boxes that apply to you

- Hearing impairment (deaf or hard of hearing)  
 Visual impairment (blind or partially – sighted)  
 Physical impairment – ambulant (I do not use a wheelchair)  
 Learning impairment/ disability (e.g. Down's Syndrome, etc.)  
 Learning difficulty (e.g. movement coordination difficulty (Dyspraxia), dyslexia, etc.)  
 Long term illness (e.g. cancer, HIV+, etc.)

Other, please specify: \_\_\_\_\_

I prefer not to answer this question

## Ethnic group – What is your ethnic group?

### A. White

- English/Welsh/Scottish/Northern Irish/British  
 Irish  Gypsy or Irish Traveller

Other white background, please specify: \_\_\_\_\_

### B. Mixed/ multiple ethnic groups

- White and Black Caribbean  
 White and Black African  White and Asian

Other mixed/ multiple ethnic background, please specify: \_\_\_\_\_

### C. Asian /Asian British

- Indian  Pakistani  
 Bangladeshi  Chinese

Other Asian background, please specify: \_\_\_\_\_

### D. Black/ African/ Caribbean/ Black British

- African  Caribbean

Other Black/ African/ Caribbean background, please specify: \_\_\_\_\_

### E. Other ethnic group

- Arab Any other ethnic group, please specify: \_\_\_\_\_  
 I prefer not to answer this question about my ethnic group

“We will provide equal opportunities to all employees and job applicants in accordance with its Equal Opportunities Policy, The Company will provide equal opportunities to all employees and job applicants. In order to assess how successful this Policy is, this form has been created to monitor all job applicants. Please help us by completing and returning this form with your application form.

In the event that you are subsequently employed. This form will be stored separately to your personnel file and used only for the purposes of statistical analysis. In the event that your application is unsuccessful, or you choose not to accept an offer of employment, this form will be retained and stored in an anonymised format for the purposes of statistical analysis. By completing and returning this form you consent to the processing of the data supplied in connection with monitoring compliance with its equal opportunities obligations and policy. You also consent to the storage of this information and manual and computerised files”.

## If you have undergone, are undergoing, or intend to undergo gender reassignment

### Are you?

- Transsexual with an acquired gender of male  
 Transsexual with an acquired gender of female  
 I do not wish to disclose this  Not applicable

## What is your religion or belief?

- No religion  Christian (all denominations)  Buddhist  
 Hindu  Jewish  Muslim  Sikh

Any other religion, please specify: \_\_\_\_\_

I prefer not to answer this question

## How would you describe your sexual orientation?

- Bisexual  Gay man  Gay woman/lesbian  
 Heterosexual/ straight  Other  
 I prefer not to answer this question

## Are you currently

- Married  In a Civil Partnership  Neither  
 I prefer not to answer this question

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