

**Job Application Form**

Please complete this accurately, giving as many details as possible of your skills and experience relating to this job application. **Shortlisting will be based on the information gathered from the form and read in conjunction with the person specification**.

Please ensure the finished form is signed, dated and returned by the closing date. We are unable to accept forms returned as email attachments without a signature.

Please either type directly in this form or print out and complete the form in black ink and BLOCK CAPITALS.

**GGUIDELINES**

**Guidelines**

**Applicants will be treated in the same way whether they are external or internal candidates. Internal candidates should advise their manager that they have applied for another position.**

**Position Applied for**

POSITION APPLIED FOR:

Job title:

Where did you see this post advertised/promoted? APPLICANT’S DETAILS

1. Applicant’s Details

First Name/s:

Surname:

Home address:

POST CODE:

Home Telephone:

Mobile Number

Email Address:

Is there anything concerning your medical history or state of health that is relevant to your application?

Yes\*/No

\*If you answer Yes please refer to the Equality of Opportunity Questionnaire enclosed

Are there any restrictions regarding your employment? e.g. do you require a Work Permit? Yes\*/No

\*If you answer Yes please supply details on a separate sheet of paper

How much notice do you need to give to your current employer?

2. EMPLOYMENT RECORD

2. Employment Record

Please start with your most recent employment. Briefly describe the main duties and

responsibilities of your post.

Current/most recent employer/organisation

Name:

Address:

Job Title: From: To:

Brief description of roles and responsibilities highlighting major achievements and successes in this post:

Reason for leaving/changing:

 Previous Employer/organisation

Name:

Address:

Job Title: From: To:

Brief description of roles and responsibilities highlighting major achievements and successes in this post:

Reason for leaving/changing:

Previous Employer/organisation

Name:

Address:

Job Title: From: To:

Brief description of roles and responsibilities highlighting major achievements and successes in this post:

Reason for leaving/changing:

ION

3. Education

Please tell us about your education, qualifications and continuing professional development training that you consider are relevant to the post. Include relevant courses that you are currently undertaking. Please start with the most recent.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of school/ college/ university** | **Subject Studied** | **Qualifications/Level** | **Date gained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

4. TRAINING

Please list any **training** you have received or courses which you feel are relevant to the advertised post.

|  |  |
| --- | --- |
| Training Courses / Continuing Professional Development | **Date** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Volunteering Roles & experienced gained through these roles that is applicable to the post | **Date** |
|  |  |
|  |  |
|  |  |

5. EXPERIENCE / SKILLS

4. Experience / Skills

This section is for you to give specific information in support of your application.

Please set the information out on a **maximum of two sides of A4 paper**.

***After reading the Job Description and Person Specification carefully***, consider to what extent you have gained the skills and experience necessary for the post. Your experience need not have been gained in paid employment and may include special interests relevant to the post. It is important that you provide evidence of your achievements by giving examples to support your application. **We strongly encourage you to use the headings in the person specification in order to set the information out clearly.**

|  |
| --- |
|  |

**Eligibility & references form**

Please either type directly in this form or print out and complete the form in black ink and BLOCK CAPITALS.

**GGUIDELINES**

**1. Applicant details**

POSITION APPLIED FOR:

Job applied for:

Title: Surname: First name:

Home address:

POST CODE:

Telephone:

Email address:

**2. Eligibility to work (please circle)**

Do you require a Work Permit? Yes\* No

\*If you answer Yes please supply details on a separate sheet of paper

**3. Criminal Convictions (please circle)**

Do you have any criminal convictions? Yes\* No

\*If Yes please give details on a separate sheet, this should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974. Further details about our approach to employing ex-offenders can be found in our Equality and Diversity Policy.

8. DECLARATION AND SIGNATURE

**4. References**

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

1. Name:

Position:

Organisation:

Address:

Email address:

Telephone:

2. Name:

Position:

Organisation:

Address:

Email address:

Telephone:

*CRIMINAL CONVICTIONS*

**Referee can be contacted before a job offer is made? (please circle)** Yes No

**5. Declaration and Signature**

The information supplied in this application form is accurate to the best of my knowledge.

Signed Date

By signing and returning this application form you consent to UNISON using and keeping information about you provided by you – or third parties such as referees – relating to your application or future employment. This information will be used solely in the recruitment process and will be retained for six months from the date on which you are informed whether you have been invited to interview, or six months from the date of interview.

**Equality of Opportunity Questionnaire**

**Position Applied for: Date:**

Hilldrop Area Community Organisation want to meet the aims and commitments set out in its equality policy in line with the Equality Act 2010 and build an accurate picture of the make-up of the workforce in encouraging equality and diversity. This includes not discriminating on the basis of age, sex, race, disability, religious belief, sexual orientation, gender reassignment, marital/civil partnership status or pregnancy/maternity.

We would be grateful if you could complete this section. This information will be kept confidential, with this section removed from the application form on receipt so that it is not included in the shortlisting process. This information will only be used as data in reviewing our equality and diversity commitments.

**Please choose one option from each of the sections listed and then tick or place an X in the appropriate box.**

**A. Age**

|  |  |
| --- | --- |
| 16 - 24 |  |
| 25 - 34 |  |
| 35 - 44 |  |
| 45 - 54 |  |
| 55 - 64 |  |
| 65+ |  |

**B. Sex**

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to say |  |

**C. Do you identify as transgender?**

For the purpose of this question “transgender” is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth.

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

**D. Marital Status**

|  |  |
| --- | --- |
| Single  |  |
| Married |  |
| Civil Partnership |  |
| Prefer not to say |  |

**E. Disabilities**

The Disability Discrimination Act 1995 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person’s ability to carry out normal day-to-day activities.

**Do you consider yourself to have a disability according to the terms given in the DDA?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If you have answered yes, please indicate the type of impairment which applies to you (by ticking next to it below).

People may experience more than one type of impairment, in which case tick all the types that apply. If your disability does not fit any of these types, please mark Other.

|  |  |
| --- | --- |
| Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches |  |
| Sensory impairment, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment. |  |
| Mental health condition, such as depression or schizophrenia. |  |
| Learning disability, (such as Down’s syndrome or dyslexia) or cognitive impairment (such as autism or head-injury).  |  |
| Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy. |  |
| Other, such as disfigurement (specify if you wish). |  |

**F. Ethnicity** (These are based on the Census 2001 categories, and are listed alphabetically)

**Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh**

|  |  |
| --- | --- |
| Bangladeshi |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background (specify if you wish) |  |

**Black, Black British, Black English, Black Scottish, or Black Welsh**

|  |  |
| --- | --- |
| African |  |
| Caribbean  |  |
| Any other Black background (specify if you wish) |  |

**Chinese, Chinese British, Chinese English, Chinese Scottish, or Chinese Welsh, or other ethnic group**

|  |  |
| --- | --- |
| Chinese  |  |
| Any other ethnic background (specify if you wish) |  |

**Mixed**

|  |  |
| --- | --- |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| White and Chinese |  |
| Any other Mixed background (specify if you wish) |  |

**White**

|  |  |
| --- | --- |
| British |  |
| English |  |
| Irish  |  |
| Scottish |  |
| Welsh |  |
| Any other White background (specify if you wish) |  |

|  |  |
| --- | --- |
| Prefer not to say |  |

**G. Religion or belief**

Which group below do you most identify with?

|  |  |
| --- | --- |
| No religion |  |
| Baha’i |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jain |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion or belief (specify if you wish) |  |
| Prefer not to say |  |

**H. Sexual orientation**

|  |  |
| --- | --- |
| Gay man |  |
| Gay woman / lesbian |  |
| Heterosexual / straight  |  |
| Bisexual |  |
| Other (specify if you wish) |  |
| Prefer not to say |  |