|  |  |  |  |
| --- | --- | --- | --- |
| Post Applied for: |  | Available Start  Date: |  |

|  |
| --- |
| Job Application Form |

|  |
| --- |
| It is important that you read the job description before completing this application form. Please complete this form fully using black ink or type. **CVs are not accepted**. Applications received after the closing date will not normally be considered. |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

|  |
| --- |
| Section 1 Personal details |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | **First Name:** |  | **Title:** |  |

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

|  |  |
| --- | --- |
| Postcode: |  |

Letters Numbers Letter

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Telephone No:** |  | **National Insurance No:** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Daytime Telephone No:** |  |

|  |  |
| --- | --- |
| **Mobile Telephone No:** |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Can we contact you at work?** | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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, driving licence valid in the UK?  (< 6 points) | Yes |  | No |  |

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

|  |
| --- |
|  |

|  |
| --- |
| Section 2 Present Employment |
| **Present Employment** (If unemployed give details of last employer) |

|  |  |
| --- | --- |
| Status: | **Employed / Unemployed** (Delete as appropriate) |
| Name of Employer: |  |

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

|  |  |
| --- | --- |
| Postcode: |  |

|  |  |
| --- | --- |
| Post Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment: |  | **Salary:** |  |

|  |  |
| --- | --- |
| Department / Section: |  |

|  |  |
| --- | --- |
| **Brief description of duties:** | |
|  | |
| Continue on a separate sheet if necessary | |

|  |  |  |  |
| --- | --- | --- | --- |
| Period of Notice: |  | **Last day of service**  (if no longer employed)**:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |

|  |
| --- |
| Section 3 Previous Employment (Up to 5 years) |
| **Previous Employment** (if present employment does not span last 5 years, record by earliest date first following present employment above). |
|  |

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

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

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

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | **Finish Date:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
|  | |

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

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

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

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | **Finish Date:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
|  | |

### Section 3 Previous Employment continued

|  |
| --- |
|  |

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

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

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

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | **Finish Date:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |

|  |
| --- |
|  |

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

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

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

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | **Finish Date:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| Section 4 Education |
| Qualifications obtained from Schools, Colleges and Universities: |

|  |  |  |
| --- | --- | --- |
| **School** | **Subjects** | **Qualifications and grades obtained** |
|  |  |  |
| **College or University** | **Course(s)** | **Qualifications and grades obtained** |
|  |  |  |
| Continue on a separate sheet if necessary | | |

|  |
| --- |
| Professional, Technical or Management Qualifications |

|  |  |
| --- | --- |
| **Professional/Technical/**  **Management Qualifications** | **Course Details** |
|  |  |
| **Membership of any Professional / Technical Associations- Please state level of Membership:** | |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| Section 5 Training and Development |
| Please give details of any training and development courses or non-qualifications courses which support your  application. Include any on the job and military provided training as well as formal courses. |

|  |  |
| --- | --- |
| **Title of Training Programme or Course** | **Duration of Course** |
|  |  |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| Section 6 IT Skills |
| Give brief description of packages used. Please indicate whether knowledge is basic, intermediate or advanced. |

|  |  |
| --- | --- |
| **Software package / Program** | **Level of Knowledge** |
|  |  |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| Section 7 Commercial Driving Experience |
| Please indicate types and Class of HGV commercial experience. |

|  |  |
| --- | --- |
| **Type & Class** | **Dates** |
|  |  |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| Section 8 Service History (if applicable) |
| |  |  |  |  | | --- | --- | --- | --- | | |  |  | | --- | --- | | Service No & Rank: |  | |  | |

|  |  |
| --- | --- |
| Regt / Corp: |  |

|  |  |
| --- | --- |
| Unit on Discharge: |  |

|  |  |
| --- | --- |
| Medical status: |  |

|  |
| --- |
| Section 9 Personal Statement |
| **Abilities, skills, knowledge and experience.**  Please use this section to explain how you feel you meet the requirements for the position applied. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. |

|  |
| --- |
|  |
| Continue on a separate sheet if necessary |

|  |
| --- |
| **Section 10 Rehabilitation of Offenders Act (1974)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any convictions that are unspent under the rehabilitation of offenders act 1974? | Yes |  | No |  |

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

|  |
| --- |
| **Section 11 Disability Discrimination Act** |

|  |
| --- |
| This Act protects people with disabilities from unlawful discrimination. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a disability which is relevant to your application? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| **We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do we need to make any specific arrangements in order for you to attend the interview?** | Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| **Section 12 Health** |

|  |
| --- |
| Successful applicants may be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed. |

|  |  |
| --- | --- |
| Number of days sickness absence in the last 2 years: |  |

|  |  |
| --- | --- |
| Please state number of occasions in the last 2 years: |  |

|  |
| --- |
| **Section 13 References** |

|  |
| --- |
| Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. |

|  |  |  |
| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position (job title): |  | **Position (job title):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Relationship: |  | **Work Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | **Organisation:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: |  | | **Address:** |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  | Postcode |  |  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |  | **E-mail:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | Yes |  | No |  | Are you willing for this referee to be approached prior to the interview? | Yes |  | No |  |

|  |
| --- |
| **Section 14 Recruitment Monitoring Form** |

|  |
| --- |
| This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes. |

|  |  |
| --- | --- |
| Application for the post of: |  |

|  |
| --- |
| To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM. |

|  |
| --- |
| What is your Ethnic Group? |
| Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. White | |  | D. Black or Black British | |  |
| White UK | |  | Black Caribbean | |  |
| Irish | |  | Black African | |  |
| White non-UK | |  | Any other Black background  (please give details): | |  |
| Any other White background  (please give details): | |  | |  |  |
|  |
| B. Mixed | |  | **E. Chinese or other ethnic group** | |  |
| White & Black Caribbean | |  | Chinese | |  |
| White & Black African | |  | Vietnamese | |  |
| White & Asian | |  | Any other ethnic background  (please give details): | |  |
| Any other Mixed background  (please give details): | |  | |  |  |
|  |
| C. Asian or Asian British | |  | **F. I do not wish to provide this information** | |  |
| Indian | |  |
| Pakistani | |  |
| Bangladeshi | |  |
| Any other Asian background  (please give details): | |  |
|  |

|  |
| --- |
| **Section 14 Recruitment Monitoring Form continued** |

|  |
| --- |
| Gender |
| Male |  | Female |  |

|  |
| --- |
| **Disability** |
| Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself disabled? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| Age Group |
| 16-25 |  | 26-35 |  | 36-45 |  |
| 46-55 |  | 56-65 |  | 66-70 |  |
| Over 70 |  |

|  |  |
| --- | --- |
| Media | |
| Please state where you saw this post advertised | |
|  | |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| For Office Use Only: | | |
| Start Date: |  |
|  |  | |