



APPLICATION FOR EMPLOYMENT

This form should be completed in black ink, or typewritten

POST APPLIED FOR

DEPARTMENT

POST NUMBER

1. PERSONAL DETAILS

Surname	Initials
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Address	
Telephone No (Home)	(Work)
Email Address:-	
(please provide an email address as in addition to the Interview, as part of our selection process we will be asking successful candidates to complete a personality questionnaire online. Computers are available at the offices however for those candidates who do not have access to an email account or computer).	

2. EDUCATION AND TRAINING

Secondary and Further Education School/College/University	From	To	Part or Full Time	Qualifications Gained

Membership of any Professional body – state grade, if by examination and dates obtained

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Other courses attended – with dates

3. PRESENT EMPLOYMENT

Job Title	Date appointed
Employer and address	Salary scale or wage
Telephone No	Present wage or salary
	Length of notice required

Brief description of duties

4. PREVIOUS WORK EXPERIENCE (Latest appointment first)

Name of Employer	Job title and brief description of main duties	Dates From/To	Salary/Grade	Reason for Leaving

5. REFERENCES

Please give names, addresses and occupations of two referees who agreed for their names to be used and to whom we may approach as to your suitability for the post. NOTE: These references will automatically be taken up prior to interview unless there is a specific request
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not to do so. One of these should be your present employer.

1. Name Address Telephone Occupation	2. Name Address Telephone Occupation
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6. HEALTH

Please note any serious accident or illness in the last 10 years

Please state number of days absent in the last 12 months

7. LEISURE INTERESTS

Please give brief details of your leisure interests

8. MISCELLANEOUS

Do you hold a current driving licence?	Do you own a car?
Are you related to any Board Member or Senior Officer of the Association?	
Have you any needs, do you need any help?	

9. REHABILITATION OF OFFENDERS ACT 1974

Please give details of any criminal offences for which you have been convicted, other than those which are spend under the Rehabilitation of Offenders Act 1974

10. OTHER INFORMATION

Please give details of any other information you feel will be useful in support of your application (if required you may continue on a separate sheet).

The deliberate provision of false information may result in: the application being withdrawn, an offer of employment being withdrawn or employment being terminated.

I certify that the information given above is factual and correct to be best of my knowledge and belief.

Signature of Candidate

Date

**The Association aims to be an Equal Opportunities Employer
Canvassing of Board Members or Senior Officers of the Association will disqualify the
candidate**

THIS FORM TO BE RETURNED TO:

**THE HR MANAGER, BLAIN HOUSE, BRIDGE LANE, PENRITH,
CUMBRIA, CA11 8QU. Telephone: Penrith (01768) 861410**

Initials Date

Acknowledged:



CONFIDENTIAL

EQUAL OPPORTUNITIES MONITORING FORM

This Association is committed to equality of opportunity in employment, ensuring the applicant or employee receives no less favourable treatment on the grounds of gender, marital status, race, ethnic origin or disability. For monitoring purposes you are requested to complete the questions listed below.

This information will be separated from the application form and used for statistical purposes only.

SURNAME: Mr/Mrs/Miss/Ms/Other: (please specify)	FORENAMES:
HOME ADDRESS:	MARITAL STATUS:
	DATE OF BIRTH:
POST APPLIED FOR:	DEPARTMENT:
Publication or source which attracted your attention to the post:	

Q1. I would describe my ethnic origin as: (choose ONE section from A to E, then tick the appropriate box to indicate your cultural background).

A. White

- British
 - Irish
 - Any other White
- Background, please give details.....
.....
.....

B. Mixed

- White & Black Caribbean
 - White & Black African
 - White & Asian
 - Any other mixed
- background, please give details.....
.....
.....

C. Asian or Asian British

- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian
- background, please give details.....
.....
.....

D. Black or Black British

- Caribbean
 - African
 - Any other Black
- background, please give details.....
.....
.....

E. Chinese or other ethnic group

- Chinese
 - Any other, Please give details.....
-
.....

Q2. My sex is: Female Male

Q3. Birth Nationality i.e. British

Current Nationality (If different from above)

DISABILITY DISCRIMINATION ACT 1995

A health or disability does not preclude you from full consideration for the job and information about such will be treated as confidential. It is the Association’s aim to give equal opportunity to disabled applicants and to make adjustments to working conditions and the physical environment, where it is reasonable to do so, in full compliance with the Disability Discrimination Act 1995. Question B below is asked only to enable the Association to meet that aim.

In accordance with the provisions of the Disability Discrimination Act 1995, a person has a disability if he/she has a physical or mental impairment which has substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. A “long term effect” is one which:

- a. has lasted at least 12 months; or
- b. is likely to last for a total period of at least 12 months; or
- c. is likely to last for the rest of the life of the person affected.

There are also provisions relating to recurring and past conditions. If you need any further information, please contact the Director of Resources, or the Employment Service through your local Job Centre.

A. Please give the dates and duration of all sickness absences in the last two years (please also indicate if a period of absence was related to a disability):

B. Do you consider yourself to have a substantial long-term disability as defined by the Disability Discrimination Act 1995 which is relevant to your job application?

YES/NO If “yes” please also answer the following questions:

What is the nature of your disability?

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What “reasonable adjustment” might be required? (Eg a special requirement relating to a physical feature of the workplace including furniture, equipment or materials; or a specific arrangement relating to the way the work is organised, such as using a reader/interpreter or other minor amendments to duties.)

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My Disablement Registration Number (if any)
 is:.....

Signed:Date:.....