

*Giving power to your voice.*



4-6 Oxford Street, Workington, Cumbria, CA14 2AH

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## Application Form

**STRICTLY CONFIDENTIAL**

|                          |            |           |
|--------------------------|------------|-----------|
| <b>Post Applied for:</b> |            |           |
| <b>Name:</b>             |            |           |
| <b>Address:</b>          |            |           |
| <b>Postcode:</b>         |            |           |
| <b>Telephone:</b>        |            |           |
| <b>Mobile:</b>           |            |           |
| <b>Email:</b>            |            |           |
| <b>Date of Birth:</b>    |            |           |
|                          |            |           |
| <b>Driving Licence</b>   | <b>Yes</b> | <b>No</b> |
|                          |            |           |
| <b>Access to Car</b>     | <b>Yes</b> | <b>No</b> |
|                          |            |           |

|  |  |            |           |
|--|--|------------|-----------|
| <b>Have you ever changed your name by deed poll?</b>       |  | <b>Yes</b> | <b>No</b> |
| <b>Give details:</b>                                       |  |            |           |
| <b>Rehabilitation of Offenders Act 1974:</b>               |  |            |           |
| <b>Have you ever been convicted of a criminal offence?</b> |  | <b>Yes</b> | <b>No</b> |
| <b>Give Details:</b>                                       |  |            |           |

|   |  |  |
|---|--|--|
| <b>References: x 2 (one must be your present or most recent employer)</b> |  |  |
| <b>Name:</b>  |  |  |
| <b>Address:</b>   |  |  |
| <b>Post Code:</b>   |  |  |
| <b>Telephone:</b>   |  |  |
| <b>Email:</b>   |  |  |
| <b>Relationship:</b>  |  |  |

|   |  |
|---|--|
| <b>Present Employment: (present or most recent)</b> |  |
| <b>Name:</b>  |  |
| <b>Address:</b>                                     |  |
| <b>Post Code:</b>                                   |  |

|                                      |  |
|--------------------------------------|--|
|                                      |  |
| <b>Date Started:</b>                 |  |
| <b>Date of Leaving:</b>              |  |
| <b>Notice Period Required:</b>       |  |
| <b>Date Available to Start work:</b> |  |
| <b>Main Duties:</b>                  |  |
|                                      |  |
| <b>Reason for Leaving:</b>           |  |
|                                      |  |

| <b>Employment History:</b><br>(In date order, most recent first, with no gaps unaccounted for. Continue on a separate sheet if necessary. People First may contact all or any employers you have listed below to verify the employment details stated) |       |     |                              |        |                    |
|--|-------|-----|------------------------------|--------|--------------------|
| Name of Employer:  | From: | To: | Job title & responsibilities | Salary | Reason for leaving |
|  |       |     |                              |        |                    |
|  |       |     |                              |        |                    |
|  |       |     |                              |        |                    |
|  |       |     |                              |        |                    |
|  |       |     |                              |        |                    |

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**Membership of Professional Organisations:**

| Name of Professional Body: | Date Attained: | Membership Statue: | Membership No: |
|----------------------------|----------------|--------------------|----------------|
|                            |                |                    |                |
|                            |                |                    |                |
|                            |                |                    |                |
|                            |                |                    |                |

**Work Related Training**

| Date: | Course/Training details |
|-------|-------------------------|
|       |                         |
|       |                         |
|       |                         |
|       |                         |
|       |                         |
|       |                         |

**Health: (please note any periods of illness in the last 10 years)**

|  |
|--|
|  |
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|  |

**Number of day absence in the past year and reason:**

|  |
|--|
|  |
|--|

**Secondary Education:**

| Name of Establishment | From | To | Level | Subject | Grade |
|-----------------------|------|----|-------|---------|-------|
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |

**Further Education**

| Name of Establishment | From | To | Level | Subject | Grade |
|-----------------------|------|----|-------|---------|-------|
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |
|                       |      |    |       |         |       |

**Additional Information (hobbies, interests, etc):**

|  |
|--|
|  |
|--|

## Personal Statement:

**Declaration:**

To the best of my knowledge I declare that the information given in this application form is accurate and correct.

I understand that:

- a) Giving false or incorrect information may result in being disqualified from the application process or termination of employment.
- b) The information on this application form may be stored and processed by People First for a period of six months, if successful the information will be held on my personal file during and following my employment.
- c) Where I cannot give evidence of qualifications and suitable references the offer of employment will be withdrawn or employment terminated.
- d) Canvassing of existing staff, members and Directors may result in my application being disqualified.
- e) Under the Rehabilitation of Offenders Act (if it applies to this post) failure to disclose any convictions spent or otherwise will result in non-appointment or disciplinary action and possible dismissal.
- f) I agree to a disclosure being made by the Criminal Records Bureau about the existence and content of a criminal record spent or otherwise.
- g) All information contained in this application form will be treated as strictly confidential and used only for recruitment purposes. By supplying information you are indicating your consent to information being processed for all employment purposes as defined in the Data protection Act 1998 and any verification checks that may be made.

|         |       |
|---------|-------|
| Signed: | Date: |
|---------|-------|

## Equal Opportunities Monitoring Form

People First is committed to a policy of equal opportunities in Employment. In order to monitor the operation of this policy, it is necessary to collect information from all job applicants on key characteristics, which relate to equal opportunity in Employment.

The information collected will be confidential, and will not be used for any other purpose other than monitoring our action with regard to equal opportunities. Thank you for your assistance in completing this questionnaire.

|   |                          |                                    |                          |
|---|--------------------------|------------------------------------|--------------------------|
| <b>Title of Post</b>                                    |                          |                                    |                          |
| <b>Hours of Post</b>                                    |                          | <b>Date of Birth</b>               |                          |
| <b>Please tick the boxes which are most appropriate</b> |                          |                                    |                          |
| <b>Male</b>   | <input type="checkbox"/> | <b>Female</b>                      | <input type="checkbox"/> |
| <b>African</b>  | <input type="checkbox"/> | <b>Caribbean</b>                   | <input type="checkbox"/> |
| <b>Other Black Background (please Specify)</b>          |                          |                                    |                          |
| <b>Indian</b>   | <input type="checkbox"/> | <b>Bangladeshi</b>                 | <input type="checkbox"/> |
| <b>Pakistani</b>  | <input type="checkbox"/> |                                    |                          |
| <b>Other Asian Background (please Specify)</b>          |                          |                                    |                          |
| <b>Chinese</b>  | <input type="checkbox"/> | <b>White British</b>               | <input type="checkbox"/> |
| <b>White Irish</b>                                      | <input type="checkbox"/> | <b>White and Black Caribbean</b>   | <input type="checkbox"/> |
| <b>Other White Background (please Specify)</b>          |                          |                                    |                          |
| <b>White and Black African</b>                          | <input type="checkbox"/> | <b>Other mixed</b>                 | <input type="checkbox"/> |
| <b>Other ethnic Background</b>                          | <input type="checkbox"/> | <b>Background</b>                  | <input type="checkbox"/> |
| <b>I have a Disability*</b>                             | <input type="checkbox"/> | <b>I do not have a Disability*</b> | <input type="checkbox"/> |

The definition of a disability as defined in the Disability Discrimination Act is a “physical or mental impairment, which has a substantial and long term adverse effect on a persons ability to carry out normal day to day activities”, this is intended to be a fairly wide definition.

The Act applies to people who no longer have a disability but have had one in the past. Mental impairments include learning difficulty and illness which are clinically well-recognised, (i.e. by a respected body of medical opinion). A “substantial adverse effect” is something which is more than a minor or trivial effect and goes beyond the normal differences between people. A long term effect of impairment is one which has lasted at least 12 months; or where the total period for which it lasts is likely to be at least 12 months; or which is likely to last for the rest of the life of the person affected. Thank you