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Application for Employment as:

Where did you hear about the vacancy?

| Surname: | Other names: |
| --- | --- |
| Title: Mr/Mrs/Miss/Ms: | Contact telephone number: |
| Postal address: | |
| Email address: | |

**EDUCATION AND TRAINING**

| Educational qualifications | Dates | Exams Passed and Qualifications Obtained |
| --- | --- | --- |
|  |  |  |
| Professional Qualifications | Dates | Comments |
|  |  |  |

**EMPLOYMENT HISTORY**

Please start with most recent

| Date  From - To | Name of Employer and nature of business | Position held and brief details of duties | Reason for leaving |
| --- | --- | --- | --- |
|  |  |  |  |

**ADDITIONAL INFORMATION**

| In support of your application, please explain how you meet each of the requirements of the person specification. |
| --- |
|  |

Please continue on an additional sheet if necessary

**GENERAL INFORMATION**

| Have you ever been dismissed from either paid or unpaid employment? | | | YES  ☐ | NO  ☐ | If yes, please give details | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you ever been given a disciplinary warning? | | | YES  ☐ | NO  ☐ | If yes, please give details | |  | |
| Do you have any criminal convictions (whether spent or not under the Rehabilitation of Offenders Act)? \* | | | YES  ☐ | NO  ☐ | If yes, please give details | |  | |
| \* Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exemptions) Order 1975. Applicants are, therefore, required to give all relevant information about convictions which for other purposes are “spent” under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies. | | | | | | | | |
| Do you have a disability for which you would need adjustments to the workplace or for the interview process? | | | YES  ☐ | NO  ☐ | If yes, please give details | |  | |
| Do you require a work permit to work in the UK? | | | YES  ☐ | NO  ☐ | If yes, do you have a work permit? | | YES  ☐ | NO  ☐ |
| In line with the Asylum and Immigration Act 1996 we require successful candidates to provide evidence of their National Insurance number or work permit (where relevant) as part of the referencing process. | | | | | | | | |
| **REFEREES**  Please provide the details of two people who know you well (except relatives) who would be prepared to provide you with a reference. One should be your current employer. No approach will be made to your current employer before an offer of employment is made, in which case the offer may be conditional upon receipt of a satisfactory reference from your present employer. | | | | | | | | |
| I **do / do not** want my present employer to be approached unless and until I am offered, subject to a satisfactory reference from them, the job for which I am applying. (**Please delete as appropriate**). | | | | | | | | |
| Name |  | | | | Name | |  | |
| Occupation |  | | | | Occupation | |  | |
| Company name |  | | | | Company name | |  | |
| Email address |  | | | | Email address | |  | |
| Address |  | | | | Address | |  | |
| Telephone number |  | | | | Telephone number | |  | |
| May we contact this person now? | YES  ☐ | NO  ☐ | | | May we contact this person now? | | YES  ☐ | NO  ☐ |
| **DECLARATION** | | | | | | | | |
| The information on this form will be processed in accordance with the Data Protection Act 1998 and by signing this form you are consenting to this information being processed. If you are employed by SCDA Ltd, this information will form the basis of your employment records, otherwise it will be destroyed after 6 months after the vacancy is filled. | | | | | | | | |
| I understand that any misleading information given in this application may render my contract of employment, if I am appointed, liable to termination. I declare that, to the best of my knowledge, the above information and that submitted in any accompanying documents is correct. | | | | | | | | |
| SIGNATURE: | | | | | | DATE: | | |