

EMPLOYMENT APPLICATION FORM

PARTNERS FOR INCLUSION

West Kirk, 84 Portland Street, Kilmarnock, Ayrshire Tel: 01563-825555, Fax: 01563-825556

POSITION APPLIED FOR: _____

REFERENCE CODE FROM ADVERTISEMENT: _____

FULL TIME / PART TIME WORK (PLEASE SPECIFY): _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):		
Address:				
			Postcode:	
Contact Tel. No:	Mobile Number:			
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO	
* If YES, please give further details including dates.				
Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?			YES/NO	
If YES, please give full details.				
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO	
If YES, please give full details				
Are you willing to work overtime and weekends as required?			YES/NO	
Please give details of any hours which you would not wish to work:				
As part of your Application, you have been asked to complete a Pre-Employment Medical Questionnaire. If necessary, are you prepared to undergo a medical examination prior to employment?			YES/NO	
Have you ever worked for this Company before?			YES/NO	
If YES, please give full details				
Have you applied for employment with this Company before?			YES/NO	
Are you registered with Scottish Social Services Council?			YES / NO	
If YES, please supply registration number:				
Do you need a work permit to take up employment in the UK?			YES/NO	
How much notice are you required to give to your current employer?				

EDUCATION

Schools attended			Examinations and Results
College or University			Courses and Results
Further Formal Training			Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

To comply with legal requirements all new employees of Partners for Inclusion must register with the SSSC (Scottish Social Services Council) and if you do not already possess the required qualification, undertake to complete the relevant qualification within the required timescale of three years.

EMPLOYMENT DETAILS

Are you currently employed? YES/NO

Name of current or last employer:	
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Address:	
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Telephone No:	
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Nature of business:	
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Job title and a brief description of your duties:	
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Length of Service:	From:	To:
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Please give details of all of your past employment, stating the most recent first. This should also include voluntary work and placements you have undertaken. Please also account for any gaps in your employment history. Please continue on a separate sheet if required

Name and address of employer	Position held/Main duties	Reason for leaving

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships). Partners for Inclusion endeavours to match staff with the people we serve this information will assist us with this process.

Are there particular areas in the district / area where you would **only** consider working? YES/NO

If yes, please give details

SMOKING

Do you smoke? YES/NO

Do you have any objections to working with someone who smokes? YES/NO

ABOUT YOU...

We need to get an idea of who you are as a person to help us match you with someone we support.

Please use the following as a guide to help you to tell us about yourself. The more information you are willing to give us the better as it will help us with the matching process.

- a) How would your friends describe you?
- b) What personal qualities do you have that you think would be useful in this job?
- c) What life experiences have you had that have made you the person you are today?
- d) What resources do you have to bring to a person's service e.g. knowledge of places to go & things to do; useful contacts?
- e) What would you bring to the working of the team?
- f) What could you bring to an individuals life whilst working on a one to one basis?

ABOUT YOU cont.....

DECLARATION OF CONVICTIONS

To be completed by all Applicants

Section 4(2) of the Rehabilitation of Offenders Act 1974.

Having a criminal conviction does not mean we would not consider your application. However, due to the vulnerability of many of the people we support, it is important to minimise any risk we may put them under. Therefore you will also be required to complete an enhanced disclosure application.

Have you ever been convicted of any criminal offence? YES/NO

If Yes, please provide details below including dates, nature of crime and convictions.

I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998. I am also aware and agree that should it be necessary this information may be shared with a third party i.e. local council authority.

Signature:	Date:
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REFERENCES

We require three written references before you commence employment. Please give the names of two business referees (one of which should be your present or most recent employer, who had line management responsibility for you) and one other previous employer whom we may approach for a reference. In addition to this, we require a character reference. Please note that your character referee cannot be someone you are related to. If there is any difficulty with providing a reference from any of these sources, this must be discussed at the first interview stage.

Can we approach your current employer before an offer of employment is made? YES/NO

CURRENT OR MOST RECENT EMPLOYER REFEREE	PREVIOUS EMPLOYER REFEREE
Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

CHARACTER REFEREE
Name:
Relationship:
Address:
Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I also understand and agree that there are times when this information may be required to be shared with a third party such as the Local Authority or Scottish Commission for the Regulation of Care.

I understand these details will be held in confidence by the Organisation in compliance with the Data Protection Act 1998.

Signature:	Date:
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