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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | EMPLOYMENT APPLICATION FORM PARTNERS FOR INCLUSION GROUP | | | | | | | | |  | | |
| **West Kirk, 84 Portland Street, Kilmarnock, Ayrshire, KA3 1AA Tel: 01563-825555,**  **Fax: 01563-825556** | | | | | | | | | | | | | |
| **POSITION APPLIED FOR:** | | | | | **Finance Officer** | | | | | | | | |
| 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 subject to any restrictions or covenants which might restrict your working activities? | | | | | | | | | | | YES/NO | | |
| If YES, please give full details | | | |  | | | | | | | | | |
|  | | | | | | | | | | |  | | |
| 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 | | |
| 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? | | | | | | | |  | | | | | |

**EMPLOYMENT DETAIlS**

Are you currently employed? **YES/NO**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of current or last employer: | | | | |  | | |
|  | | | | |  | | |
| Address: |  | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Telephone No: | |  | | | | | |
|  | |  | | | | | |
| Nature of business: | | |  | | | | |
|  | | |  | | | | |
| Job title and a brief description of your duties: | | | | | |  | |
|  | | | | | | | |
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|  | | | | | | | |
| Length of Service: | | | | From: | | | To: |

**Information in support of this application.**

You may find it useful to look at the advertisement and job description to see what we require. Tell us about yourself and your experience in relation to the person specification requirements.

|  |
| --- |
| **Skills and Abilities** |
|  |

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| --- |
| **Knowledge and Experience** |
|  |

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| --- |
| **Personal Skills** |
|  |

**ABOUT YOU…**.

We want to get to know you, to help us do this, please use the guide below to tell us a bit more about yourself.

1. How would your friends describe you?
2. What are your hobbies and interests?
3. What personal qualities do you have that you think would be useful in this job?
4. What life experiences have you had that have made you the person you are today?

**About you cont....................**

**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?

|  |
| --- |
|  |

**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: | |