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| Partners_logo-500px.jpg | EMPLOYMENT APPLICATION FORMPARTNERS FOR INCLUSION | **Partners_logo-500px** |
| **West Kirk, 84 Portland Street, Kilmarnock, Ayrshire, KA3 1AA Tel: 01563-825555,** |
| **POSITION APPLIED FOR:** |  **Learning and Development Manager** |
|  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: |  |
|  |
| E-mail 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 |  |
| 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 Charity before? | YES/NO |
| If YES, please give full details |
| Have you applied for employment with this charity before? | YES/NO |
| Do you need a work permit to take up employment in the UK? | YES/NO |
| Country of birth:  |  |  |
| How much notice are you required to give to your current employer? |  |

**EDUCATION**

Please give details of any education or training you have undertaken including, where appropriate, qualifications you have obtained.

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| --- | --- |
| **Course / Qualification** | **Date Awarded** |
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**EMPLOYMENT DETAILS**

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

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

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.

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| --- | --- | --- | --- |
| Name and address of employer | DatesFrom - to | Position held/main duties | Reason for leaving |
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**Information in support of this application.**

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

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| **Skills and Abilities** |
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| **Knowledge and Experience** |
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**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. What personal qualities do you have that you think would be useful in this job?
2. What life experiences have you had that have made you the person you are today?

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

**REFERENCES**

We require two 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**

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

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| **Signature:** | Date: |

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