



Post Applied for:

Date:

Job Application Form

Please complete this form fully. Please ensure that all sections are completed and that any gaps in your employment history are recorded and explained. If you have any queries when completing this application form please call **0131 454 0757** or email **enquiries@mypas.co.uk**

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First

Name(s):

Address:

Postcode:

Home Telephone N^o:

National Insurance N^o:

Letters		Numbers				Letter		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Are you free to remain and take up employment in the UK

with no current immigration restrictions?

Yes

☐

No

☐

If no, please give further details include restrictions to the number of hours you are able to work i.e. Student Visa, 20 hours.

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2

Present Employment

Present Employment (If you are currently unemployed please confirm your current situation i.e. registered with JobCentre Plus, Caring for relatives, raising family etc.)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment
(MONTH / YEAR):

Salary:

Department / Section:

Brief description of duties:

Period of Notice:

End Date (MONTH/YEAR) (if
no longer employed):

Reason for leaving
(if no longer employed):

Section 3

Previous Employment

Previous Employment (most recent employer first). Please cover the last 3-5 years and state nature of business.

When completing dates, please include the month as well as the year.

Name of Employer:

Address:

Start Date:

End Date:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Start Date:

End Date:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Start Date:

End Date:

Position Held:

Summary of duties:

Reason for leaving:

Section 4

Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Dates attended from and to	Course	Qualifications and grades obtained
School	Dates attended from and to	Subjects	Qualifications and grades obtained

Professional, Registered or other Qualifications

Please give details:

Professional/Registered/ Occupational Qualifications	Course Details and Professional Registration Number/Renewal date

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Course	Duration of Course and date completed

Section 6 Personal Statement

Abilities, skills, knowledge and experience.
Please use this section to explain how you meet the requirements of the person specification in detail.
Further space for your statement can be found on the next page.

Personal Statement cont.

Section 7 Rehabilitation of Offenders Act (1974)

This post is offered subject to a satisfactory Disclosure Scotland (PVG) check and is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. **Applicants are not entitled to withhold information when asked about convictions which for other purposes are 'spent' under the provision of the Act.** In the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action. Information given here will be kept confidential. **If you would like to discuss any conviction, caution or reprimand that you think may affect your application, please give details / dates of offence(s) and sanction or ongoing investigation below:**

Section 8 Protecting Vulnerable Children

Enhanced Checks

Are you aware of any police enquires undertaken following allegations made **Yes**

against you, which may have a bearing on your suitability for this post?

☐

No

☐

Section 9 Interview arrangements

Do we need to make any specific arrangements in order for you to attend the interview?

Yes

☐

No

☐

If yes, please give details:

Section 10 References

Please give the names and addresses of your two most recent employers (if applicable) or school/college. If you are unable to do this, please clearly outline who your references are and their relationship to you. We will not take up references prior to any job offer being made without obtaining your permission first. Do you give us permission now?

Yes ☐ No ☐

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (Job title):	<input type="text"/>	Position (Job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Post code	<input type="text"/>	Post code	<input type="text"/>
	Tel: <input type="text"/>		Tel: <input type="text"/>
	Email: <input type="text"/>		Email: <input type="text"/>

Section 11 Declaration

A. Relatives/Other Interests

Are you related to or do you have a close personal relationship with an employee(s) of MYPAS? **Yes** **No**

If appointed do you have any interests or hold any appointment that may conflict with working at MYPAS in the role you have applied for? **Yes** **No**

If yes, please detail:

B. Statement to be Signed by the Applicant

MYPAS is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered. However, if you are returning this form by email, you will be asked to sign your application form if selected for interview.

I acknowledge that MYPAS is under a duty to protect the clients and service users it supports and to this end I agree it may use information provided on this form for the prevention and detection of crime and it may share this information with authorised bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold

Signed:

Date:

MYPAS undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc.) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

How to return this form:

By email: enquiries@mypas.co.uk

All initial enquiries to Dave Evans, MYPAS Chief Executive 0131 454 0757
