# **Application for Employment**



Candidate Number:

Post Applied Fo	r:	
Sections A - C and H (first from the rest of the appl not be available to the sh If the form is not comple	Ve do NOT accept faxed applications t and last page) will be detached ication and that information will nortlisting panel. ted and submitted online, ck ink using BLOCK CAPITALS.	. Returning your application. E-mailed applications should be sent to: Nicola@cvsfalkirk.org.uk  Postal applications should be sent to: CVS Falkirk and District, Unit 6, Callendar Business Park, Falkirk FK1 1XR
Section A: Contac	ct Details	Section B: Health Information
Forename(s)		Applications from disabled candidates are welcomed and the organisation will make every effort to ensure a fair selection process.
Surname(s)		Please describe below any reasonable adjustments which you feel should be made to the recruitment process to assist your application for the job/attend for interview:
Address and postcode		
Tel No. Home	Mobile No.	Please describe below any reasonable adjustments which you feel should be made to the job itself if you are successful, which would enable you to carry out the job duties:
Tel No. Work (if convenient)	E-mail address:	
the conviction can be regard applied for has been assessed	employment in the UK? Yes  s before commencing employment.  ERS ACT 1974. If you have previously bed as "spent" in terms of the Rehabilit d as requiring PVG membership and/o	No been convicted of any offences, please give details unless tation of Offenders Act 1974. If the position which you have in a Disclosure check, this will also be carried out prior to discount you from being considered for the post.)

Number:
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### **Section D: Education and Training**

Please list examination passes achieved at school or in further education. (Please continue on additional sheet if necessary)

Qualification/Level	Subject	Grade

Please provide details of any higher education undertaken. (Please continue on additional sheet if necessary)

Hairanita an Callana	Danier au Qualification Obtained	Dates	
University or College	Degree or Qualification Obtained	from	to

Please provide details of any professional qualifications held not listed above. (Please continue on additional sheet if necessary)

O1:6:		Dates	
Qualification	Degree or Qualification Obtained	from	to

Other Training - relevant to this application. (Please continue on additional sheet if necessary)

D., 11.11.	Dates	
Provided by	from	to
	Provided by	Provided by

Candidate Number:
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### **Section E: Employment Record**

# Present or Most Recent Employment Name and address of employer including postcode Nature of Business Post Held Date Appointed Date Left (if applicable) Reason for leaving/wish to leave Please give a brief outline of your duties and responsibilities

**Previous Employment starting with the most recent.** (Please continue on the following page if necessary)

Name and address of employer and nature of business	Dates		Post title and brief details		
	from	to	of main duties	Reason for leaving	

Candidate	Number:	
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### **Section E: Employment Record - continued**

**Previous Employment starting with the most recent.** (Please continue on additional sheet if necessary)

Name and address of employer and nature of business	Dates From To	Post title and brief details of main duties	Reason for leaving

Candidate Number:	
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## **Section F: Supporting Statement**

Candidate Number:	

### Section G: Storage of Sensitive Information, References and Declaration

If the person specification for the role applied	for requires a drivin	g licence:		
Do you hold a full car driving licence? Yes	No Do	you have access to a car	? Yes No	
Storage of Sensitive Information				
The personal information given on this form will will be treated in confidence and will not be that been given. The information given is being §	disclosed to any third	d parties where except រុ	permitted by law or where consent	
CVS Falkirk and District is the Data Controller of Notice. The information gathered on the form vI authorise the collection of this information by my responsibility if any information is incomple Protection Act 1998, the information regarding request. I can also request the correction, addit	vill be retained for 1 CVS Falkirk and Dist te or incorrect. I am my personal data th	year unless you instruct rict so that it may be use aware that I am able to at is kept by CVS Falkirk	t us otherwise. ed for the above purpose. It will be access, according to the Data and District, by providing a written	
Signature		Date d d m	m y y	
References Please supply full details of two referees whom and the other a previous employer. If you are so knowledge of your skills and abilities.				
Name		Name		
Organisation		Organisation		
Address including postcode		Address including postcode		
Telephone No		Telephone No		
Can we contact before interview? Yes	No	Can we contact before	interview? Yes No	
Declaration				
I declare that to the best of my knowledge and application form are complete and true. I unde result in termination of employment should I be	rstand that any false	or misleading stateme	nt or any significant omission could	
I understand that any offer of employment will satisfactory Disclosure results (if applicable to t District to verify information contained in this a be consulted to verify qualifications, criminal co	he post being application via telepl	ed for) and a probationa none, e-mail, fax or lette	ry period. I authorise CVS Falkirk and er. I understand that third parties may	
Signature <b>X</b>		Date d d m	m y y	
	Candidate No.		ito for intervious 2. Va-	
FOR OFFICE ADMINISTRATION USE ONLY	Candidate No. Interview Date		ite for interview? Yes No ooint? Yes No	

Candidate Number:
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### **Section H: Equal Opportunities Monitoring**

CVS Falkirk and District's Equal Opportunities Policy aims to ensure that individuals are not discriminated against on the grounds of race, colour, culture, ethnic origin, religion, gender, disability, marital status, responsibility for dependants, sexual orientation or age. In order to monitor the effectiveness of the policy, all job applicants are asked to complete this form. The information will be used for monitoring purposes only.

Please complete all sections of the questionnaire below by placing a tick ( ) or by providing information where appropriate in the classification box applying to you in each section.

Gender And Sexual Orientation							
Female	Male						
Lesbian	Gay	Bisexual	Trans gender	Heterosexual			
Age							
Under 21	22 - 34	35 - 49	50 - 64	65+			
Disability							
Do you have a recog			y Discrimination Act (DI to carry out normal day	DA): a physical or mental impairment which			
Not Disabled	Disabled Disabled	enection your ability	to carry out normal day	-to-uay activities:			
Please state what th	nat disability is						
Ethnic Origin							
Individuals should determine with which of the undernoted categories they most closely associate themselves having regard to their ethnic or cultural background							
White – Scottish		Asian – Indian	E	Black – Caribbean			
White – Other Britis	h	Asian – Pakistani	E	Black – African			
White – Irish		Asian – Bangladeshi	E	Black – Other			
White – Other		Asian – Chinese		Other			
		Asian – Other					
Where did you see this vacancy advertised?							