In Confidence

|  |  |
| --- | --- |
|  | Community Help & Advice Initiative |

**APPLICATION FOR EMPLOYMENT**

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| --- | --- |
| **Post Applied For :** | **For Office Use Only :****Application Ref :** |
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| --- | --- | --- |
|  | **Maximise!** |  |

 |
| **Return Completed Form FAO:****Teresa.sutherland@chaiedinburgh.org.uk****Email:** **recruitment@chaiedinburgh.org.uk** | **Closing Date :****31st May 2022** |

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| **SECTION A – PERSONAL DETAILS** |

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| --- | --- | --- |
| **Surname :** |

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| **Initials :** |

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 |
| **Address :** |

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| **Postcode / E Mail** |

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| **Telephone contact number(s)** |  |
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| **Home :****Mobile :** |  |

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| **Work :** |  |

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| **SECTION B – EMPLOYMENT RECORD** |

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| **Present or most recent employment** |  |
| **Name & Address of Employer :** | **Job Title :** **Length of Service :** **Salary :****Are you currently employed in this Post****(Y/N):** |

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| **Summary of main duties and responsibilities in the above job****(Please use additional sheet if required)** |
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| **Previous Employment (paid or unpaid)** |

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| **Name & Address of Employer****(Starting with the most recent)** | **Length of Service** | **Job Title & Major Elements of Job** |
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| **SECTION C – EDUCATION & TRAINING** |

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| **Secondary** |  |  |
| **Certificates Gained** | **Subjects / Modules** | **Grades / Bands** |

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| **Further & Higher Education** |  |  |
| **Where attended** | **Course****(indicate full or part time)** | **Grades / Bands** |

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| **Professional Qualifications(s)** |  |
| **Name of Professional Body** | **Qualification / Membership** |

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| **Other Training (relevant to this application)** |
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| **SECTION D – JOB SPECIFIC SKILLS & EXPERIENCE** |

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| **Please give further details of your experience which you consider to be relevant.****You should do so by specifically referring to the criteria for the position. (expand as required)** |
| **Criteria** | **Essential /Desirable** | **Relevant Experience** |

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| **Please name two referees, one of whom should be your present (or most recent) employer** |
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| --- | --- | --- |
| **Referee** | **1** | **2** |
| **Name** |  |  |
| **Occupation** |  |  |
| **Telephone No.** |  |  |
| **Address** |  |  |

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| **DECLARATION** |
| **N.B. You need only sign with initials and surname****I declare that to the best of my knowledge the information given on this form is true and correct.** **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |