

EMPLOYMENT APPLICATION FORM

PLEASE NOTE THAT DUE TO LIMITED CAPACITY AND POTENTIAL HIGH VOLUME OF APPLICANTS, WE ARE UNABLE TO RESPOND TO ALL APPLICATIONS RECEIVED INDIVIDUALLY. IF YOU HAVE NOT HEARD FROM US WITHIN TWO WEEKS OF THE CLOSING DATE, YOUR APPLICATION HAS BEEN UNSUCCESSFUL

POSITION APPLIED FOR:

PERSONAL INFORMATION

Please note that to comply with our inclusive recruitment processes personal contact information will not be shared with those involved in shortlisting for interview

FORENAME:

SURNAME:

ADDRESS:

POSTCODE:

CONTACT NO:

EMAIL:

PREFERRED METHOD OF CONTACT:

Phone call Email Text Message OK to leave voicemail

CONTACT AVAILABILITY

Morning Afternoon Evening Any

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?

Yes No Prefer Not to Say

If yes, please tell us if there are any reasonable adjustments we can make to support you within this recruitment process, for example, accessibility of interview spaces, large print text

Can you please confirm if you currently have the right to work in the UK?

Yes No Not Sure

EMPLOYMENT HISTORY

Please tell us about your current or most recent employer. If this is your first job please put N/A

NAME OF CURRENT/MOST RECENT EMPLOYER

(if applicable)

Job Title:

Brief Description of Duties:

Date Left (if applicable):

Length of Time with Employer:

Notice Period Required (if applicable):

PLEASE TELL US ABOUT ANY OTHER PAID AND/OR UNPAID WORK YOU ARE CURRENTLY DOING, OR HAVE UNDERTAKEN IN THE PAST 5 YEARS.

SKILLS, QUALIFICATIONS AND EXPERIENCE

PLEASE TELL US ABOUT YOUR QUALIFICATIONS AND TRAINING, BOTH FORMAL AND INFORMAL

PLEASE TELL US ABOUT YOUR SKILLS AND EXPERIENCE WHICH YOU FEEL MAKE YOU THE BEST CANDIDATE FOR THIS ROLE. YOU MAY WISH TO REFER TO THE JOB DESCRIPTION REQUIREMENTS IN THIS RESPONSE.

REFERENCES

PLEASE PROVIDE US WITH 2 REFERENCES WHO CAN COMMENT ON YOUR SUITABILITY FOR THIS ROLE. ONE OF THESE SHOULD BE YOUR CURRENT OR MOST RECENT EMPLOYER IF APPLICABLE. **We will not contact current employers unless an offer of employment is being considered.**

Referee's should not be family members.

If it is not possible for you to provide referees please tell us about this here:

REFEREE 1:

NAME:

ORGANISATION (IF APPLICABLE):

CONTACT TELEPHONE NO:

EMAIL:

HOW DOES THIS PERSON KNOW YOU:

REFEREE 2:

NAME:

ORGANISATION (IF APPLICABLE):

CONTACT TELEPHONE NO:

EMAIL:

HOW DOES THIS PERSON KNOW YOU:

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my application being withdrawn or in dismissal should I be appointed to the role.

Signature:

Date

Please send completed application to
recruitment@govancommunityproject.org.uk
or mail to
Traci Kirkland, Head of Charity, Govan Community Project,
Pearce Institute, 840-860 Govan Road, Glasgow G51 3UU