# ***The Dixon Community***

### APPLICATION FOR EMPLOYMENT

The following information is required for the convenience of the Interviewing Committee. Please complete fully and ensure that it contains any additional information which you consider to be appropriate and highlights any features of your training/experience relevant to the post for which you are applying.

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| Application for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondence address: Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CURRENT/MOST RECENT POSITION**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and address of Employer:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current Salary:\_\_\_\_\_\_\_\_\_Notice Required by Current Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have a current full clean driving licence? Yes / No  Do you have a car? Yes / No |
| **PREVIOUS EMPLOYMENT** (List last 3 years, with most recent employer first, continue on a separate sheet if necessary)   |  |  |  |  | | --- | --- | --- | --- | | Dates  From To | Name and address of employer | Position held and description of duties | Reason for leaving | |  | | | | |

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| **Employment and Training History**  Qualifications Obtained and relevant training (beginning with most recent, and continuing an additional sheet if necessary)   |  |  |  | | --- | --- | --- | | Date Obtained | Name of provider | Qualification/Training Achieved | |  |  |  | |
| **Relevant employment and voluntary experience**  Please identify, in the space provided below, the relevant skills, experience and attributes you have for the post you are applying for, with reference to the duties outlined in the job description. |

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| **REFEREES**  Names and addresses (including e-mail addresses where possible) of 3 Referees – one must be current or last employer.  Please note: These will not be taken up, unless you are offered the post.  **CURRENT EMPLOYER**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In what capacity does this person know you? In what capacity does this person know you?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In what capacity does this person know you? |
| Do you consider yourself to have a disability? (Please delete as appropriate.)  **Yes/No** |
| We ask for this information so that we can meet our practice of offering an interview to all applicants who have a disability and meet the minimum criteria for the position. |
| Please indicate if you have any special requirements for interview: |

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| This post is subject to Enhanced Disclosure Scotland Check. |
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Are you currently a member of the PVG Scheme? Yes­­­­­­­\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

I am a UK or EU Citizen and do not need a work permit. Yes­­­­­­­\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_  
  
I am not a UK or EU Citizen and have a valid work permit. Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## DECLARATION

I certify that the information provided on this form and in any attachments is correct. I understand that the information I have given is subject to the provisions of GDPR.

## Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed application forms to:**

**Julie Young**

**Carers Centre Manager**

**The Dixon Community**

**South Carers Centre**

### 656 Cathcart Road

## Glasgow G42 8AA