

CONFIDENTIAL

EMPLOYMENT APPLICATION FORM



Post Applied for:

Post Advertised in:

Address:

Postcode:

E-Mail:

Surname:

Forenames:

Title:

Home Tel:

Mobile Tel:

Work Tel:

Discretion will be used when contacting you at your workplace.

Do You have a current, full driving Licence?
Yes/No

Please state any penalty points/endorsements held

Are you related to any current (or former) Employee or Board Member of Cairn Housing Association? Yes/No

If yes please give details:

References: please give two referees, not related to you. One must be your current employer (or if unemployed your last employer).

Name:

Job Title:

Address:

Tel No:

Name:

Job Title:

Address:

Tel No:

Referees will not be contacted until after the interviews have been conducted.

For Official Use only

Date Received

Initials

Application No:

EDUCATIONAL QUALIFICATIONS Please do not forward copies of your qualifications

Secondary School	Subjects Studied	Qualifications Awarded	Date Obtained
University/College/ Other	Main Subjects Studied	Qualifications Awarded	Date Obtained

OTHER RELEVANT TRAINING Please give details of any other training you have undertaken which has not led to a recognised qualification but which is relevant to the post you have applied for.

Course Title	Course Provider	When Attended

CURRENT MEMBERSHIP OF PROFESSIONAL INSTITUTES/BODIES

Name of Institute	Membership Level

PRESENT/MOST RECENT EMPLOYMENT

Dates (Month/Year)		Name and Address of Employer	
From	To		
Current Position Held:		Current (or last) Salary:	
Summary of your duties and responsibilities:			
Reason for leaving/wishing to leave:			

CAREER HISTORY List in order with the most recent first (continue on a separate sheet if necessary)

DATES		NAME AND ADDRESS OF EMPLOYER	POSITION HELD/JOB TITLE AND NATURE OF DUTIES	REASON FOR LEAVING
From	To			

STATEMENT IN SUPPORT OF APPLICATION

Use this space to provide any further information you may wish to give in support of your application e.g. explain how you meet the requirements of the post and why you are applying for it. Please continue on a separate sheet if necessary.

HEALTH: Do you experience any recurring health problem(s) or do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? **Yes/No**

If Yes, please give details:

Also please state the number of days sickness absence you have had in the last:

Six months

Two years



If you consider yourself to have a disability and wish to take advantage of the a guaranteed interview scheme, as referred to in the information sheet, please tick the box

DISCIPLINARY ACTION:

Have you had a disciplinary warning issued to you in the last 12 months, if so what level of warning?

CRIMINAL OFFENCES:

The position that you are applying for is covered by an Exemption Order to the Rehabilitation of Offenders Act 1974, and requires you to provide full details of all known convictions. Have you ever been convicted of any criminal offence(s)?

Yes/No

If Yes, please give details of all the convictions, the dates and sentences:

Reason for conviction

Date

Sentence

Criminal Conviction Check

Have you previously been subject to a criminal conviction check? Yes/No

If yes please state date and level of check:

DECLARATION:

Failure to disclose important information or to give false information, may lead to dismissal. I declare that, to the best of my knowledge, the information supplied by me on this application form and any additional sheets is correct.

Signature

Date