**Application for Employment - Confidential**

Application for the position of: ………………………………………………………………………………………………….

Where did you see the position advertised? ………………………………………………………………………………………………….

**Personal Details**

|  |  |
| --- | --- |
| **Title:** Mr Mrs Miss Ms Other……… | **Address:**  |
| **Forename:** |
| **Surname:** | **Postcode:**  |
| **Telephone no.** | **Email address:** |
| **Interview** |  |
| Are you available for interview on the date specified? | Yes / No |
| If no, please provide your earliest available date(s) for interview. |  |
| If you have a disability, please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process. | Ground floor venue, sign language, interpreter, audio loop Other:  |

**Driving \*Delete if not applicable**

This position has an essential requirement for you to be a driver and to have access to a car for work purposes. This includes you ensuring you have business use insurance.

|  |  |
| --- | --- |
| Do you have a valid driving licence? | Yes / No |
| Please provide details of any endorsements. |  |
| Do you have access to a car for work purposes? | Yes / No |
| Do you have or will you obtain business use insurance? | Yes I have / Yes I will obtain for my start date / No |

**Current/Most recent employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer |  | Position Title |  |
| Employer address |  | Start Date |  |
| Salary |  |
| Postcode |  | Contract type |  |
| Tel. No. |  | Date of leaving or notice required |  |
| Reason for leaving |  |
| Position Responsibilities: |

**Employment History**

Please provide a minimum of ten years’ employment history unless you have fewer years of employment. Please indicate what you were doing in any gaps in your employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of employer | Job Title and Duties | Salary upon leaving | Reason for leaving | Years and months with employer |
|  | Job Title:Duties: |  |  |  |
|  | Job Title:Duties: |  |  |  |
|  | Job Title:Duties: |  |  |  |
|  | Job Title:Duties: |  |  |  |

**References**

You are required to provide a reference from you current or most recent employer. If you have come directly from education, please provide a referee from your last place of education or training.

**Referee 1 Referee 2**

|  |  |
| --- | --- |
| **Please indicate referee type**: Employer / academic  | **Referee Type**: Employer / academic / personal |
| Name of referee |  | Name of referee |  |
| Relationship to you i.e. line manager |  | Relationship to you i.e. line manager |  |
| Referees job title |  | Referees job title |  |
| Name of company |  | Name of company |  |
| Addressincluding postcode |  | Addressincluding postcode |  |
| Contact tel. no. |  | Contact tel. no. |  |
| Email address |  | Email address |  |

**Convictions and the Disclosure and Barring Service \*Delete if not applicable**

This position is exempt from the Rehabilitation of Offenders Act 1974. As such you are required to disclose both spent and unspent convictions as you will be working in an area which is categorised as “Regulated Activity”. Any job offer made to you will also be provisional subject to receipt of a satisfactory Enhanced Disclosure and Barring Certificate.

|  |  |  |  |
| --- | --- | --- | --- |
| Conviction / Caution /Reprimand/ Warning | Date of conviction | Spent or unspent | Date will be spent |
|  |  |  |  |

Failure to reveal information relating to convictions that you are required to identify could lead to withdrawal of an offer of employment.

**Unspent Convictions \*Delete if not applicable**

The position to which you are applying is protected by the Rehabilitation of Offenders Act 1974. You do not have to declare spent convictions. You are however required to disclose any unspent convictions.

|  |  |  |  |
| --- | --- | --- | --- |
| Conviction, caution, reprimand or final warning Please indicate all details for each | Date of conviction | Spent or unspent | Date will be spent |
|  |  |  |  |

Failure to reveal information relating to convictions that you are required to identify could lead to withdrawal of an offer of employment.

**Qualifications**

The role is subject to essential qualifications as listed on the Job Description. Please list all qualifications you hold.

Please **enter your most recent qualifications at the top** and work backwards through dates achieved.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Qualification(e.g. A level/degree) | Subject(s) covered | Level of qualification**&**Grade achieved | Date qualification awarded | Institute you achieved this through(School/Training co. name) |
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 Please continue on a separate piece of paper if needed.

**Suitability for role**

Please refer to the job advert, Job Description and Person Specification as well as the company website to complete this section. Please continue on a separate piece of paper if needed.

|  |  |
| --- | --- |
| **Skill/Knowledge/Experience** | **Provide details on how you meet this criteria** |
|  |  |
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|  |  |
| **Specifics** | **Provide details on how you meet this criteria** |
|  |  |
|  |  |
|  |  |
| **What particular strengths do you believe you would bring to this role?** |

**Declaration**

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the company reserves the right to require me to undergo a medical examination in the event of my appointment.
3. I hereby give my consent to the Company processing the data supplied on this application for the purpose of recruitment and selection.

Print Name: ……………………………………………… Signature: ………………………………………………. Date: \_ \_ / \_ \_ / \_ \_ \_ \_

**Equality and Diversity monitoring form**

At **ADD Express Ltd** weembrace and celebrate equality, diversity and inclusion. We believe that by gathering information we are better informed to monitor our policies, procedures and organisation behaviours to ensure we are effectively upholding our equal opportunities policy commitments. We aim to promote an inclusive culture and working environment and you to feel a sense of inclusion and belonging and that your wellbeing, safety and happiness at work is as important to us as it is to you.

We need your help and co-operation to enable us to do this, but filling in this form is voluntary.

The information you provide will stay confidential and will be treated as sensitive confidential information. This means that your personal information will not be readily available to others. Your information will be stored securely. Access to this information will be limited in line with the Data Protection Act.

**Gender** Male 🗆 Female 🗆

**Are you the same gender as you were born** Y / N

**What is your sexual orientation?** Heterosexual 🗆 Gay woman/lesbian 🗆

Gay man 🗆 Bisexual 🗆

**Are you married or in a civil partnership?** Y / N If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆

**What is your Ethnic Origin?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Disability**

A disabled person is defined under the Equality Act 2010 as someone with a ‘physical or mental impairment which has a substantial and long term adverse effect on that person’s ability to carry out normal day-to-day activities.’

Do you consider yourself to be disabled under the Equality Act 2010? Please mark ‘X’ in the appropriate box.

Yes🗆 No 🗆 Prefer not to say 🗆

Do you have a health condition you would like us to know about? Y/N

Detail if yes:

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please raise this if you are given an offer of employment.

 **What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Other: please specify ……………………………

**What is your current working pattern?**

Full-time 🗆 Part-time 🗆 Pattern if part-time:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 🗆 Primary carer of a child/children (under 18) 🗆

Primary carer of disabled child/children 🗆

Primary carer of disabled adult (18 and over) 🗆 Primary carer of older person 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆

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3. I hereby give my consent to the Company processing the data supplied on this application for the purpose of recruitment and selection.

Print Name: ……………………………………………… Signature: ………………………………………………. Date: \_ \_ / \_ \_ / \_ \_ \_ \_