# Job Application Form

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| **Post applied for:** | |  |
| **Personal** |

Personal information provided on **page 1** of this application will be treated in confidence and will not be made available for shortlisting purposes.

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| --- | --- |
| **Title:** | (Ms/Mrs/Miss/Mr/Dr etc) |

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| **First Names:** |  |

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

|  |  |
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| **Address:** |  |

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| **Telephone:** |  | (home) | May we telephone you at work? | | | |
|  |  | (mobile) |  |  |  | (yes/no) |
|  |  | (work) |  |  |  |  |

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| **E-mail Address:** |  |  |  |  |  |  |

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| **N.I. Number:** |  |  |  |  |  |  |

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| **Are you required to have a work permit?** |  |  |  |  | (yes/no) |

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| **If so, do you have a valid permit?** |  |  |  |  | | (yes/no/not applicable) | |
| **If currently employed, how much notice are you required to give?** | | | |  | (months) | |

**If you are related to an existing member of staff or the partner of**

**such, please give details. If not, please enter N/A**

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| **Education & Training:** |

**Please give details of education from the age of 13**

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| **From** |  | **To** |  | **School/college/university** |  | **Examination & Grade** |  | **Date** |
|  |  |  |  |  |  |  |  |  |

**Please give details of any further qualifications obtained/being undertaken or courses attended. Include membership of professional bodies and any relevant training attended.**

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| **Do you have a current full driving licence?** |  | (yes/no) |

**Present Job or Most Recent Employment**

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| **Job Title:** | **Present Salary / Wage:** |
| **Name and Address of Employer:** | **Other Benefits:** |
|  | **Date of Employment:** |
|  | **Notice Required or Leaving Date:** |

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| **Brief Description of Present or Most Recent Job Responsibilities:** |
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**Employment History**

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| **Employment Dates**  **(From / To)** | **Employers Name** | **Job Title & Brief Description of Duties** | **Reason for Leaving** |
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| **Job Suitability:** |

Please give details of any experience and knowledge you have relating to the job for which you are applying. This may have been gained from your current or previous jobs, from voluntary work or from working in the home or in the community.

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| **When completing this section, please refer back to the Person Specification and ensure that all points are covered** |

You may continue on a separate piece of paper if necessary

Please let us know your availability by using a tick where you are available. Please note this is only applicable if you are applying for a role within the Personal Support Service.

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|  | **AM** | **LUNCH** | **TEA** | **PM** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |

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| **References:** |

Four references are required (other than members of your family) to whom we may apply for a reference. They must be from former or current employers. (If you have only had one employer,

the others can be a work colleague or friend).

May we take up references before an offer of employment is made?

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | (yes/no) |

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| **Name, Address and Postal code of Referee** | **Phone No. or Email address of Referee** | Job title of Referee |
| 1. Current or Last Employer: |  |  |
| 1. Other Previous Employer: |  |  |
| 3. |  |  |
| 4. |  |  |

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| **Declaration of Previous Convictions:** |

If you have stated on the application form previous convictions, you must now provide the relevant

information relating to those convictions.

The information you provide will only be made available to the recruitment panel when and if you

are shortlisted for interview.

The 1974 Rehabilitation of Offenders Act allows an individual who has been convicted of an offence, in certain circumstances, to treat that conviction as ‘spent’ (as if it had never existed) after a certain period of time providing that in the meantime they have not been convicted of another serious offence. The rehabilitation periods are as follows:-

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| **Sentence** | **Rehabilitation period** |
| Imprisonment, corrective training or sentence of detention in a young offenders’ institution for more than six months but not more than 30 months. | Ten years \* |
| Imprisonment or sentence of detention in a young offenders’ institution for a term not exceeding six months | Seven years \* |
| A fine or other sentence not expressly covered by the Act | Five years \* |
| Order for detention in detention centre | Three years \* |
| Absolute discharge | Six months |
| Conditional discharge | One year |
| Probation | Five years \* |

The rehabilitation periods given above indicated \* may be reduced by half for a person under 18 at the time the sentence was passed. (In the case of a probation order the period is two and a half years from the date of conviction or a period beginning with the date and ending when the order ends, whichever is longer).

**HOWEVER, these posts, given the nature of the work involved, are exempt from the provisions of the Rehabilitation of Offenders’ Act. This means that details of any convictions recorded against you must be given.**

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| **Declaration of Previous Convictions:** |

|  |  |
| --- | --- |
| **Post applied for:** |  |

|  |  |
| --- | --- |
| **Location of post:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First Name:** |  |

|  |  |  |
| --- | --- | --- |
| **Title:** |  | (Ms/Mrs/Miss/Mr/Dr etc) |

Please provide details of the conviction(s) recorded against you, i.e. the offence, the date on which

you were convicted and the penalty imposed.

|  |  |  |
| --- | --- | --- |
| **Offence(s)** | **Date(s) of**  **conviction** | **Sentence(s)** |
|  |  |  |

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| **Declaration:** |

This application form will be part of your Contract of Employment should you be successful. If any

particulars given by you in this application are found to be false or if you wilfully omit or suppress

material facts you are liable to be dismissed if appointed.

I declare to the best of my knowledge the information provided on this form is correct.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been convicted of any criminal offence?

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| --- | --- | --- | --- | --- | --- |
| No |  | Yes |  |  | If yes, please complete the |
|  |  |  |  |  | above section |



**Human Resources Department**

**Pembroke Gardens, Dagenham, Essex RM10 7YP**

**Tel: 020 8592 8603**

**Email: hr@dabd.org.uk Website: www.dabd.org.uk**

Branches: (Central Office) Pembroke Gardens, Dagenham, Parsloes Avenue, Dagenham - Ripple Road, Barking

Valence Wood Road, - The Limes Coach House, Waltham Forest

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| **Monitoring:** |

DABD (uk) is committed to achieving equal opportunities in employment. To help us to monitor the

effectiveness of our equal opportunities policy you are asked to complete the following questions. This information will be used on a statistical basis only (i.e. we will keep a record of the number of applicants from various ethnic groups for each post advertised).

**Are you?** Male Female

**Age:** 16 to 25 26 to 40 41 to 60 61 +

**How would you describe your ethnic origin? (*Please tick one box)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WHITE** | **BLACK OR BLACK BRITISH** | **CHINESE OR OTHER ETHNIC GROUP** | **ASIAN OR ASIAN BRITISH** | **MIXED** |
| British | African | Chinese | Indian | White and Black  African |
| Irish | Caribbean | Any other | Pakistani | White and Black  Caribbean |
| European | Any other black  background |  | Bangladeshi | White and Asian |
| Any other white  background |  |  | Any other Asian background | Any other mixed  background |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have an impairment of which we should be made aware?**  **I would describe my disability as:**  Physical Sensory Mental Health Learning Disability   |  | | --- | | Please give brief details: |   This information is needed so that disabled applicants who meet the minimum  **criteria for this position are offered an interview. It is also so that we are made aware of any special adjustments that we need to consider for interview.** |  |  |

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| **Where did you see this post advertised?** |  |

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| **Please tick if you want to be contacted regarding DABD Projects?** |  |