

Employ My Ability Application Form

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| Section 1 Personal details |

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| Title: |  | Last Name: |  |
| **First Names:** | |  | |

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| --- | --- |
| Address: |  |
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|  |  |
| --- | --- |
| Postcode: |  |
|  | | |
| **Home Telephone Number:** | |  |
| **Mobile Telephone Number:** | |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

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| Are you eligible to work in the UK? | Yes |  | No |  |

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| --- | --- | --- | --- | --- |
| **Do you hold a full UK driving license and have access to a car?** | Yes |  | No |  |

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| **Section 2 Rehabilitation of Offenders Act** |

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| --- | --- | --- | --- | --- |
| Have you ever been convicted of a criminal offence? | Yes |  | No |  |
| Have you any prosecutions pending? | Yes |  | No |  |

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| If yes, please give details / dates of offence(s) and sentence: |

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| **Section 3 Health** |

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| Do you consider yourself to have a disability? | Yes |  | No |  |

Please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process

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| **Section 4 Education and training** |

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| **Date** | **Name of school / provider** | **Examinations / training undertaken and Qualifications gained** |
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| **Section 5 Employment Record** |

**Please list chronologically, starting with current or last employer**

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| --- | --- | --- | --- | --- |
| **Name and Address of Employer** | **Date From:** | **Date To:** | **Job Title/Job Function/ Responsibilities:** | **Salary and Reason for Leaving** |
|  |  |  |  |  |

(Continue on another sheet as necessary – please fill completely and leave no gaps in your employment history)

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| **Section 6 Personal Statement** |

Please tell us, in under 500 words, why you’re interested in this position and what knowledge, skills and attributes you’d bring to the job:

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| **Section 7 References** |

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| **Please give the names and addresses of your two references – 1 must be your most recent employer). If you are unable to do this, please clearly outline who your referees are. (NB. References will only be taken if you commence employment with us)** |

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| **Reference 1** |  | **Reference 2** |

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| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Their Position (job title):** |  | **Their Position (job title):** |  |

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| --- | --- | --- | --- |
| **Work Relationship:** |  | **Relationship:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organisation:** |  | | **Organisation:** |  | |
| **Dates Employed:** | **From:** | **To:** | **Dates Employed:** | **From:** | **To:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** |  | **Address:** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Postcode** |  | **Postcode** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone No:** |  | **Telephone No:** |  |

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

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| **Section 8 Personal Relationships** |
| Please advise below if you are related to any current student, service user or member of staff. |

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| **Section 9 Declaration** | | | | | |
| I confirm that the information provided in this application form is truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file. | | | | | |
|  | Signed: |  | **Date:** |  |  |
| Employ My Ability undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. | | | | | |

Please return this application form to us at:

Employ My Ability

The Walled Garden

Moreton

Dorset

DT2 8RH

Or Email:- sammie@employmyability.org.uk

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