



JOB APPLICATION FORM
Isle of Man Fire and Rescue Service

Shirveish Mooghey as Savail Ellan Vannin

Fire Service Headquarters,

Elm Tree House, Elm Tree Road, Onchan, Isle of Man, IM3 4EF

Tel: 01624 647300

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VACANCY DETAILS

Please complete in full and in **black ink**

Job Title:	Wholetime		Retained		Station		
Do you live (or work) within the town boundary						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please specify		Live <input type="checkbox"/>		Work <input type="checkbox"/>		Both <input type="checkbox"/>	
Are you intending to move to the specified area						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer to the above question is Yes please give details of the date (and address if known).							
Date: _____ Address: _____							

PERSONAL DETAILS

Surname:				First Names:			
Title:							
Date of Birth:		Age:		Years		Months	
<i>You will be required to furnish a certified copy of Entry of Birth if offered an appointment</i>							
Work Permit Information: <i>(Please refer to the enclosed notes before completing this section)</i>							
Are you an Isle of Man Worker as defined in the Control of Employment Acts?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes under which section of the guidance notes do you qualify?						Section	<input type="checkbox"/>
If living on the Isle of Man, when did you take up residence?						month _____	year _____
If married, does your partner hold a current Work Permit?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Home Address:							
Post Code:							
Home Telephone No:				Mobile Telephone No:			
Email Address:							
State whether; Single /with Partner /Married /Separated /Divorced /Widowed.....							
Name, address and relationship of Next of Kin:							

PRESENT EMPLOYER

Job Title:	
Employer:	
Employers address:	
Date appointed	
Are you willing for enquiries to be made of your present employer	Yes / No
Is your employer willing to let you attend fire calls during working hours	Yes No Don't Know

PREVIOUS EMPLOYMENT

Employer Name and Address	Position Held	From	To	Reason for leaving

REFERENCES

Please give two referees (not related to you) who have known you for at least five years.

Name:	Name:
Job Title:	Job Title:
Address:	Address:
Post Code:	Post Code:
Telephone No:	Telephone No:
Relationship:	Relationship:
Do you have any objection to the reference being taken up prior to interview? Y / N	Do you have any objection to the reference being taken up prior to interview? Y / N

PHYSICAL QUALIFICATIONS

Height (without footwear): feet inches or cms

Weight: stone lbs or kilograms

Chest measurement: deflated expanded inches/cms

Do you suffer from any form of defective vision? Yes / No

If Yes, give details

Have you any physical deformity? Yes / No

If Yes, give details

Information reference your doctor

Name:

Address:

Telephone No:

EDUCATION AND OTHER QUALIFICATIONS

Name and location of School, College or University	Dates:		Age on leaving
	From	To	

Give details of examination qualifications obtained, about to be taken or Armed Forces qualifications

Subject	Level (GCSE etc)	Grade	Date Obtained
Please continue on a separate sheet if necessary			

ADDITIONAL PERSONAL DETAILS

Give particulars and dates of membership of any Cadet, Youth or other organisation, including St. John Ambulance Association

Have you participated in the Duke of Edinburgh's Award Scheme?
If so, what standard have you reached?

Are you able to swim?	Yes		No	
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Give details of any hobbies or sports, or other spare time activities

Do you have a driving licence?	Yes / No		Full / Provisional	
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If you hold a full licence, which group of vehicles are you licensed to drive?

CRIMINAL OFFENCES: (Please refer to the enclosed guidance notes before completing this section)

Do you hold a criminal conviction that is **not considered spent** in accordance with the Rehabilitation Offenders Act 2001?

Yes No

Are you currently the subject of any criminal proceedings?

Yes No

If the answer to either question is YES please supply details on a separate sheet.

PREVIOUS FIRE SERVICE APPLICATIONS

Date	Station	Wholetime	Retained	Level Attained (<i>tick where applicable</i>)		
				Physical Assessment	Interview	Medical

SUPPORTING STATEMENT

Please use this section to provide further information in support of your application, which you consider to be of interest to the Fire Authority.

This needs to be related to the requirements of the job and should cover the following:
the experience, skills, knowledge and personal qualities which you consider make you suitable for the job and your reasons for applying. (Continue on a separate sheet if necessary)

DECLARATION

I declare that to the best of my knowledge the information contained in this form is true and accurate
 I understand that if any details I have given are found to be false, or that I have withheld relevant
 information, my application may be disqualified, or if already in employment, my appointment
 terminated. I understand that personal details about me will be held, on computer for employment
 purposes, subject to the requirements of the Data Protection Act 2002. I hereby give permission
 for a police check to be carried out if I am offered an appointment or if considered appropriate.

Signature:

Date:

Print:

[To assist with the recruitment process all applicants must include 4 passport sized photos with their application.](#)

[Failure to do so will result in the application being rejected.](#)

[Please ensure your name is clearly written on the reverse of each photograph.](#)

RETURN COMPLETED FORM TO

Recruitment Administration Section
 Department of Home Affairs
 "Homefield"
 88 Woodbourne Road
 Douglas
 ISLE OF MAN
 IM2 3AP

Please indicate what date you would prefer to attend:

Entrance Exam _____

Physical _____

For office use only

Received	Acknowledged	Initial Assessment	Physical Assessment	Interview	Medical	Employment Commenced	Pay Section etc. Notified