

APPLICATION FOR EMPLOYMENT

Please complete in block letters, using black ink, or type. Where necessary continue answers on a separate sheet of paper.

1. Details of Post	
For which post are you applying?	DRIVER (CASUAL)
How did you learn about this vacancy?	

2. Personal Details	
First Names	Address
Last Name Post Code.....
National Insurance No.	Tel. No. (Home) including area code
Mobile No.	Email
Tel No. (Work) including area code	May we telephone you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>In order to comply with the Asylum & Immigration Act 1996 we require appropriate documentary evidence of authorisation to work, e.g. National Insurance No.</p> <p>You will also be required to produce a British/EU passport.</p> <p>Do you require a work permit to work in the UK Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES, please give details..... </p>	

3. Declaration	
I understand that the information given on this form is true and correct, and understand that any deception could result in instant dismissal.	
Signed	Date

4. Disability

What do we mean by disability? The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

If you consider yourself to have a disability as defined by the Equality Act 2010 and you require any adjustments to or assistance with the interview process, please detail your requirements below and we will try to make the necessary arrangements

.....
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5. Car Owner

Do you have a current full, clean driving licence? Yes No
Do you own/have access to a car for work? Yes No

Number of years licence held

6. Criminal Convictions

Due to working with vulnerable adults all posts are subject to Criminal Records Bureau checks. A conviction does not necessarily mean you will not be considered for employment. Each case is considered on its merits. This post is exempt from the Rehabilitation of Offenders Act of 1974 so applicants are not entitled to withhold any criminal information including those considered spent.

Have you ever been convicted of a criminal offence, received a caution, or awaiting prosecution? Yes No

If YES, details will be required from you in strict confidence on a separate sheet and they will not necessarily debar you from employment within Age UK Sunderland.

7. Employment History

Please give details of your present/most recent employer.

Job Title	Employment Status
Salary	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Employer's Name	If part time, state number of hours worked.
Date appointed	Employers Address
Date of leaving
Reason for leaving
Period of notice required by current employer	Post Code.....

Brief description of main duties and responsibilities

8. Employment History cont.

Name and address of employer	Dates from and to	Position held and outline of responsibility	Reason for leaving	Full/ Part-time	Pay/ benefits

8. Referees

Please give names and addresses of two referees. One should be your present or most recent employer.

<p>Reference 1 – should be current/last employer</p> <p>Name.....</p> <p>Position Held.....</p> <p>Organisation.....</p> <p>Address.....</p> <p>.....</p> <p>Postcode.....</p> <p>Tel. No.</p> <p>Capacity in which you know referee</p> <p>.....</p> <p>Please tick the box if you do not wish referees to be contacted unless you are offered the post. <input type="checkbox"/></p>	<p>Reference 2</p> <p>Name.....</p> <p>Position Held.....</p> <p>Organisation.....</p> <p>Address.....</p> <p>.....</p> <p>Postcode.....</p> <p>Tel. No.</p> <p>Capacity in which you know referee</p> <p>.....</p> <p>Please tick the box if you do not wish referees to be contacted unless you are offered the post. <input type="checkbox"/></p>
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9. Secondary & Further Education

Name and address of schools/colleges	Dates from and to	Subjects taken	Grade (GCSE, A-Level or equivalent)	Level Attained

10. Higher Education & Professional Qualifications

**Please state whether attained/expected*

Name & address of University/college	Dates from and to	Qualifications	Class attained/expected*

11. Training & Experience

Please include any training courses/voluntary work and non-paid work.

**Please state whether attained/expected.*

Dates from and to	Description of course/work	Qualification* (if applicable)

12. Experience & Skills

This is an opportunity to draw attention to your experience, skills and aspects of your career, study, training, interests and ambitions which meet the requirements of the post as described in the Person Specification. Please continue on separate sheet if necessary.

13. Reason for Applying

Please state briefly why you are interested in applying for the post.

14. Additional Information

Please list any other information relevant to your application not covered elsewhere on the form, e.g. public service/duties.

EQUAL OPPORTUNITIES MONITORING FORM

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination on the grounds of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

POST APPLIED FOR:	DRIVER (CASUAL)
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GENDER			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>	
GENDER IDENTITY			
Do you identify yourself as transgender/transsexual?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

ETHNIC GROUP			
British/ English, Scottish or Welsh	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Other White background	<input type="checkbox"/>		
White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>		Other Mixed background
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>		Other Asian background
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>		
Chinese	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
Prefer not to say			<input type="checkbox"/>

AGE						
16-19 <input type="checkbox"/>	20-24 <input type="checkbox"/>	25-29 <input type="checkbox"/>	30-34 <input type="checkbox"/>	35-39 <input type="checkbox"/>	40-44 <input type="checkbox"/>	45-49 <input type="checkbox"/>
50-54 <input type="checkbox"/>	55-59 <input type="checkbox"/>	60-64 <input type="checkbox"/>	65 & over <input type="checkbox"/>	Other <input type="checkbox"/> <i>please specify</i>	Do not wish to disclose age <input type="checkbox"/>	

SEXUAL ORIENTATION				
Bisexual Man <input type="checkbox"/>	Bisexual Woman <input type="checkbox"/>	Gay Man <input type="checkbox"/>	Gay Woman/ Lesbian <input type="checkbox"/>	Heterosexual/ Straight Man <input type="checkbox"/>
Heterosexual/ Straight Woman <input type="checkbox"/>	Other <input type="checkbox"/> <i>please specify</i>	Do not wish to disclose my sexuality <input type="checkbox"/>		

RELIGION OR BELIEF						
Agnostic <input type="checkbox"/>	Atheist <input type="checkbox"/>	Bahai <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>
Muslim <input type="checkbox"/>	Not Religious <input type="checkbox"/>	Other <input type="checkbox"/> <i>Please specify</i>	Pagan <input type="checkbox"/>	Sikh <input type="checkbox"/>	Do not wish to disclose my religious beliefs <input type="checkbox"/>	

DISABILITY	
<p>The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.</p> <p>Do you consider that you have a disability under the Equality Act (please tick)?</p>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Used to have a disability but now recovered <input type="checkbox"/>	Don't know <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	

How did you find out about this post? Please state the source of any advertisement.
