

JOB APPLICATION FORM

Please download this document, complete all sections of the form using black ink or type.
Completed applications should be returned by email to leek@myactive.uk

Position applying for:	
What type of contract were you after? (please circle)	Full Time / Part Time / Casual
Where did you see the post advertised?	

Personal Details

Title:	
Forename/s:	
Surname:	
Current Address:	
Day time telephone number:	Evening telephone number:
Mobile Telephone:	Email Address:

Other Details

Are there any restrictions on your right to work in the UK? If yes, please state the restrictions and the expiry date of any permissions.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you hold a full driving licence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any current endorsements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have use of a car?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Education and Training

Secondary Education :	Qualifications / Grade
Further / Higher Education:	Qualifications / Grade

Other relevant training, professional qualifications or work related skills:	
Are you undertaking any course or study at present? (if so provide details)	
Do you have membership of any professional bodies? (if so provide details)	

Employment History

Present employer or last position held

Employer Name / Address:	Job Title:	Date Commenced:	Date ended/reason for leaving: (if applicable)

Main duties and responsibilities:	
Salary:	
Notice Period:	
Is your present post your sole regular employment:	YES <input type="checkbox"/> NO <input type="checkbox"/>

Previous employment and work experience history

Job Title:	Employer's Name & Address:	Dates (from-to)	Reason for leaving:
Duties & responsibilities:			

Job Title:	Employer's Name & Address:	Dates (from-to)	Reason for leaving:
Duties & responsibilities:			

(please use continuation sheet if necessary)

References

Please indicate two people who are willing and able to comment on your suitability for this job. Please ensure the first reference is your current employer or most recent employer. The second should be an employer prior to your most recent job.

Reference 1: Current employer or employer of last position held: Name:	Reference 2: Name:
Title:	Title:
Address:	Address:
Telephone Number:	Telephone Number:
Email:	Email:
Time Known:	Time Known:
References will be contacted at point of position offer	References will be contacted at point of position offer

Supporting Information

Please use the following space to state your skills, abilities, experience and achievements to date (including leisure and voluntary) which make you a suitable candidate for this post. Please refer to the criteria on the person specification. Please type or write clearly and give specific examples to evidence your experience, skills, ability, knowledge and personal abilities.

Please attach further continuation sheets if necessary

Convictions

It is essential that employees are trustworthy as many have contact with members of the public, including access to property. Please give details of any criminal convictions you have excluding “spent” convictions under the Rehabilitation of Offenders Act. If you have no criminal convictions please write “none”. A criminal record will not necessarily be a bar to obtaining a position.

If a job you are applying for involves contact with children or other vulnerable groups a Disclosure will be requested in the event of a successful application.

Disabilities

The Equalities Act defines disability as ‘ physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day to day activities’ (Equalities Act 2010)

Do you consider yourself to have a disability as defined above?

YES NO

We are committed to interviewing all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their abilities.

Do you require any special arrangements to be made for your interview/assessment test on account of disability?

YES NO

If “YES” please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview/assessment test to meet our obligations under the Equality Act (2010).

Data Protection

Information from this application may be processed for purposes registered by the Employer under the General Data Protections Regulations.

Declaration

NOTE: False statements or failure to disclose information requested in this application form may disqualify the candidate. Discovery after appointment may lead to dismissal or disciplinary action by the Employer.

I declare that the information given in this application is correct and complete.

I give consent to checks being carried out to check qualifications.

Applicants Signature:	
Date:	