EUROPEAN JOINT SUPPORT UNIT DEPENDANT EMPLOYMENT APPLICATION FORM – MOD SCHOOLS (consists of 6 pages)

POST APPLIED FOR:			Reference No.	1
10017411111111111			11010101100 110.	,
A.1. APPLICANT INFORMA	ATION			
Forename & Surname(s): (8				
Telephone No:				
Mobile No:				
Email Address:				
Residential Address:				
Nationality:				
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A.2. HEAD OF HOUSEHOL	LD DETAILS:			
Fore and Surname:				
Rank:				
Status: i.e. Mil/UKBC/UKBT				
Unit & Location:				
Current End of Tour date:				
Carrotte Eria di Todi data.				
A.3. DECLARATION				
I understand that employment with EJSU is subject to my eligibility to work as a Dependant in the meaning of the NATO Status Of Forces Agreement, a probationary period, satisfactory references, security clearance, and in some cases a medical examination. I declare that the information given on this application form is true and complete. I understand that if it is subsequently discovered that any statements are false or misleading I may be liable to have my application disqualified or subsequently be dismissed from employment. I declare that I have no objection to any information contained in this application form being given to a third party for the purpose of employment. I also understand that if I am a current employee applying for additional or alternative employment, my current Line Management may be consulted and requested to provide a Reference. I further understand that a Dependant may be employed in the same unit/department as the head of family or other relative, but not in the same section, office or team, or under the supervisory control of the head of family or any other relative, unless no alternative source of suitable labour is available, whereby an application for exemption to this ruling may be made by the Unit via the CPO. To the best of my knowledge and belief all the information I have given on this form is true. I understand that				
any false statement may disque that no provisional offer of emp	alify me from emplo	yment or render me li	able to dismissal. I a	also understand
Signature:		Date:		
Please email your completed application form to: Civilian Personnel Officer, EJSU SHAPE. <u>GSO-EJSU-LECHRRecruitment@mod.gov.uk</u>				

EJSU will hold the information provided in this application form in accordance with the Employment Practices Data Protection Code, Part 1, Recruitment and Selection of the Data Protection Act 1998. By providing the information contained in this form, you are consenting to its use for the purpose of processing your application and monitoring the efficiency of our recruitment and employment procedures. The information provided on this form will be used as part of our selection process. It will be retained for a period after the selection process has been completed.

A.4. DISABILITY

Should you need any help in completing this registration form then please contact us. If you require any adjustments to be made at any future interviews then please let us know on a separate sheet of paper. We will be happy to offer you further assistance.

A.5. EDUCATION, QUALIFICATIONS & SKILLS			
General Education (GCSE's, A-Levels, Degrees, RSAs, NVQs etc.)			
Subject:	,	Grade:	Date:
Please provide the following information if the em	nlovment appli	ed for requires drivi	ina duties:
Do you hold a valid driving licence? Yes/No (delete as applicable)	Are you entitle	ed to drive a Servic delete as applicable)	
Professional/Medical/Technical Qualifications training undertaken)	(including membe	rship of Professional Bo	dies & employment
	IT Software myseure		vel DowerDo int
Other Skills (shorthand, typing, audio typing, first aid and Access, Excel). Please include details and dates of when last u		mme knowledge, e.g. Wo	rd ,PowerPoint ,

A.6. ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION
(Use this space and the information stated in the job advert/Job Description to state your suitability for
the role you are applying for. Give details of relevant experience gained in employment, voluntary or
community work, and any achievements. Please continue on a separate sheet if necessary)

A.7. EMPLOYMENT HISTORY (Most recent employment first – continue	on a separate sheet if necessary.
Job Title:	
Company/Employer's Name & Location:	
Employment Dates (from and to):	
Main Duties & Responsibilities:	
Reason for leaving:	
Job Title:	
Company/Employer's Name & Location:	
Employment Dates (from and to):	
Main Duties & Responsibilities:	
Reason for leaving:	
Job Title:	
Company/Employer's Name & Location:	
Employment Dates (from and to):	
Main Duties & Responsibilities:	
Reason for leaving:	
Job Title:	
Company/Employer's Name & Location:	
Employment Dates (from and to):	
Main Duties & Responsibilities:	
December leaving:	
Reason for leaving:	

A.8. TIME UNACCOUNTED FOR:

Please give details of time not already accounted for in the previous sections. This must cover ALL gaps in employment even if they are for a short period of time. Please detail any time spent seeking work, career breaks, self-employment, travelling and temporary assignments. If necessary, please continue on a separate sheet.

	Da	ite	
From	(Month a	nd Year) To	Reason for gap in employment

A.9. REFEREES: Please provide the name, address, and email for all referees .				
We ask for details of individuals who will be able to provide a Professional or Personal reference. Please provide two professional references of which one must be your most recent employer. In addition, one personal reference must be provided by a person to whom you are well known and who has given their permission for their name to be used as a referee. The personal referee should have known you for at least three years but should not be your employer, your teacher or tutor, your GP or related to you in any way. The Department reserves to right to take up references from any of the employers listed. References will be requested once shortlisting has concluded and provided that you have been shortlisted for interview.				
Professional refe	eree 1 - present or i	most recent emplo	oyer (see note below)	
Name and title:			Full Address	
Position held:				
Telephone:				
Fax:			e-mail:	
Professional refe	eree 2			
Name and title:			Full Address	
Position held:				
Telephone:				
Fax:			e-mail:	
Personal referee				
Name and title:			Full Address	
Position held :				
Phone :				
Fax >			e-mail:	
f you are currently in employment do you give your permission for the employer to be approached as part of this ecruitment process to provide a reference? Please tick one of the following boxes.				