

# APPLICATION FOR EMPLOYMENT

(IN CONFIDENCE)

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM IN **CAPITALS AND IN BLACK INK OR TYPE.**

C.V APPLICATIONS WILL NOT BE ACCEPTED

Post Title:	Closing Date:	First Available Date for Employment:
Surname:	Forename(s):	
Mr, Mrs, Ms or Miss, other:	Home Tel No:	Work Tel No:
Address:	Mobile No:	
	Email address:	
	Nearest Railway Station:	
Car Driver:	YES/NO	Do you hold a full current British Driving Licence? YES/NO

**CURRENT EMPLOYMENT:**

Name and Address of Employer:	Post Held:		
	Grade: Salary Scale: Present Salary pa:		
	Date of Last Increment:		
	Under which Scheme are you Superannuated?		
Date of Appointment:		Notice Required:	

**SUMMARY OF DUTIES:** Please describe the main duties and responsibilities of your post. Continue on a separate sheet if necessary.

**EMPLOYMENT HISTORY:**

Please list all previous posts, beginning with the most recent (include service with HM Forces and any unpaid or voluntary work which may be relevant). Continue on a separate sheet if necessary.

Employer's Name and Address	Post held and Grade	From	To	Main Duties	Reason for Leaving

**GENERAL EDUCATION: (CSE, GCE, RSA, GCSE, etc)**

Schools	Qualification	Subject	Grade Obtained

**FURTHER EDUCATION (Professional Qualifications, Degree, Diploma etc.)**

Place of Study	Qualification	Issuing Body	Grade Obtained	Year

**PROFESSIONAL REGISTRATION:**  
**To be completed by applicants who require registration to practice**

Issuing Body:	Registration No:	Expiry Date:

**TRAINING:**

Any Training, including courses and seminars which are relevant to the post for which you are applying:

Course Title	Year	Duration	Organiser

**SUPPORT INFORMATION:**

Please state why you are applying for this post and provide any additional information which you feel would support your application (eg personal qualities, interests, achievements, publications). Continue on a separate sheet if necessary.

**HEALTH:**

**If you have suffered from any illness in the last two years which has caused you to be absent from work, please complete below.** Please try to be as accurate as possible when completing this section. If you are unable to remember exact dates and have no means of verifying this information, please give approximate details and indicate below. Please note you will be expected to pass a full medical examination prior to being employed.

Number of days you have been absent from work due to illness	From (date)	To (date)	How many episodes of absence does this represent?

**REFERENCES :**

1. Please give below the name and address of your current employer.

Employer's Name and Address	Telephone No:	Position

2. Please give below the details of one other person who will be able to comment on your ability to do this job.

Name & Address	Telephone No:	Occupation

If you are short-listed we will contact your referees after interview unless you indicate below that you do not wish us to. (Please tick).

Reference 1	YES		NO	
Reference 2	YES		NO	

**ALL APPLICANTS**

Date on which you would be free to take up appointment:	What length of notice must you give your present employers?

**WHERE DID YOU HEAR OF THE VACANCY?**

--

## REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary actions. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

Comments:

## DECLARATION OF A CRIMINAL RECORD

Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning by the Police? Please note that the post that you applied for is exempt from the Rehabilitation of Offenders Act 1974. This means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed.

Do you have criminal record?                      Yes?No?

If yes, please give details of offences, penalties and dates,

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes/No?

If yes, please give details.

Signed:

Dated:

## DECLARATION

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal. I understand that the appointment is subject to satisfactory references and medical examination.

SIGNED : .....

DATE : .....

**Thank you for applying for this post. We will contact you as soon as possible to inform you if you have been short-listed for interview. Please note that this application form will not be acknowledged, unless specifically requested. If you require to be acknowledged, please enclose a stamped, addressed envelope.**

**Ms Monique Bent  
Recruitment  
SSAFA - Forces Help  
19 Queen Elizabeth St  
London  
SE1 2LP**

## EQUAL OPPORTUNITIES DECLARATION FORM

Please will you complete this form, ticking where applicable so that the Association can monitor the success of its Equal Opportunities Employment Policy. The form will be treated as confidential and will be separated from the application form in order that it will not form part of the consideration of your application.

Post applied for:	Surname	First Name	Date of Birth	Age	Sex

### DISABILITY

Do you have a disability?	Do you consider yourself to have a disability?	If you answered yes, what arrangements, would be needed if you are called for interview?
YES/NO	YES/NO	

### ETHNIC ORIGIN

I would describe my ethnic group as: (please tick)

<p><b>WHITE</b> White British White Irish Any other White background</p> <p><b>BLACK/BLACK BRITISH</b> African Caribbean Any other Black background</p> <p><b>CHINESE</b></p>	<p><b>ASIAN/ASIAN BRITISH</b> Indian Pakistani Any other Asian background</p> <p><b>MIXED</b> White &amp; Asian White &amp; Black African White &amp; Black Caribbean Any other Mixed background</p> <p>Any Other Ethnic Group (Please specify)</p>
---	---

Signed: .....

Date:

Thank you very much for your help.