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Description automatically generated with low confidence

**Application for Employment**

Private and Confidential

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| Position Applied for: |
| How did you learn of this vacancy? |

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| **PERSONAL DETAILS** | | |
| Title: | First names: | Surname: |
| Have you ever used any other names? Yes ☐No ☐ | | |
| If yes please state: | | |
| Address: | | Telephone number(s):  Home:  Mobile:  Work:  May we contact you at work if necessary? |
| Email address: | | |
| Do you have a current full driving licence? Yes ☐ No ☐ | | |
| Do you have transport available if the duties of the post require you to travel? Yes ☐ No ☐ | | |

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| **PAID EMPLOYMENT HISTORY**  Current/most recent employer. | |
| Name of employer:  Address: | Job Title: |
| Salary: |
| Weekly hours: |
| Date started in post: | Date of leaving (if relevant): |
| Notice required in current job: N/A | Reason for leaving: |
| Brief description of duties: | |

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| **PAID EMPLOYMENT HISTORY CONTINUED**  Please begin with your most recent employer. | | | | |
| Employer’s name and address | Dates from/to | Job Title and brief description of duties | Salary on leaving/weekly hours | Reason for leaving |
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| **BREAKS IN EMPLOYMENT**  Please provide an explanation for any breaks in employment since leaving education. | |
| Dates from/to | Reason for break |
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| **EDUCATION AND PROFESSIONAL QUALIFICATIONS** | | |
| Dates from/to | Educational establishment | Name of course/qualifications gained and grades |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** | | | |
| Name of professional body | Level/type of membership | Registration number | Date obtained |
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| **OTHER RELEVANT TRAINING COMPLETED** | | |
| Date | Organising body and title of course | Brief description of course content |
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| It is the organisation’s policy to verify qualifications of all successful job applications and you may be asked at a later stage of the recruitment process for your consent to checks being carried out. In the event of your application being successful, we may ask for copies of certificates. |

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| **VOLUNTARY EXPERIENCE** | | |
| Organisations | Date from/to | Type of work/capacity |
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| **SUPPORTING INFORMATION**  Please explain and demonstrate how your experience, skills and knowledge meet the selection criteria for the post described in the Person Specification, addressing all the criteria in the order that they appear.  Please do not exceed 1000 words in total. |
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| **REFERENCES**  Please give the details of two people who are able to provide a reference for you. One should be your most recent employer. References may be taken up before asking you first. If you do not wish us to do this, please indicate below. | | |
| Name: |  | Telephone: |
| Organisation: |  | Position: |
| Email: | | |
| May we approach your referee without asking you first? Yes ☐ No ☐ | | |

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| --- | --- | --- |
| Name: |  | Telephone: |
| Organisation: |  | Position: |
| Email: | | |
| May we approach your referee without asking you first? Yes ☐ No ☐ | | |

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| **CRIMINAL CONVICTIONS** |
| Have you ever been convicted of a criminal offence or are there any criminal investigations or charges outstanding against you? Yes ☐ No ☐ |
| If yes please give details.    Unless the nature of the work requires it, you are not required to give disclosure of convictions which are "spent" under the Rehabilitation of Offenders Act 1974. |

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| **IMMIGRATION, ASYLUM & NATIONALITY ACT 2006** |
| Do you have the legal right to work in the UK? Yes ☐ No ☐  We will ask all candidates at interview to produce evidence of entitlement as required by the Act. We will give full details of what is required prior to interview. |

**Declaration**

I confirm that everything contained in this form and any attached submission is true and accurate and I understand that this shall be the basis of any offer of appointment.

Data Protection statement: I consent to this information being processed and stored for the purpose of recruitment and selection at NCLS, and if appointed, for the purposes of employment at NCLS.

Signed­­­­­­­­­­­­­­­­­\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form by email to [sarah@ncls.co.uk](mailto:sarah@ncls.co.uk).