

EMPLOYMENT APPLICATION FORM

FYLDE COMMUNITY LINK LIMITED

POSITION APPLIED FOR

--

PERSONAL

The following information will be treated in the strictest confidence.

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
			Postcode:

Email:	
Contact Tel. No:	Mobile phone:

Full Driving Licence:	YES/NO	Endorsements:	YES/NO
Have you had any driving related convictions, endorsements, penalties, disqualifications or bans in the past 5 years?		YES/NO	
If YES please give full details, including the date, type of conviction and number of penalty points issued;			

Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?	YES/NO
If YES, please give full details.	
Are you subject to any restrictions on your working activities or subject to any contractual restrictions from your previous employer?	YES/NO
If YES, please give full details	
Are you willing to work overtime and weekends if required?	YES/NO
Are you looking for full time, part time or casual (zero hours contract) work?	
Please give details of any hours which you would not wish to work:	
Have you any convictions (including spent convictions)	YES/NO
You may be required, if offered employment, as part of your application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment?	YES/NO
Have you ever worked for this organisation before?	YES/NO
If YES, please give full details	
Have you applied for employment with this organisation before?	YES/NO
Do you need a work permit to take up employment in the UK?	YES/NO
How much notice are you required to give to your current employer?	

EDUCATION

Please give details of any QCF / NVQ level 2 or 3 qualification held in Adult Health and Social care or equivalent including the date of award.

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

EMPLOYMENT DETAILS - PRESENT OR MOST RECENT EMPLOYER

Are you currently employed?			
Name of present or last employer:			
Address:			
Telephone No:			
Nature of business:			
Job Title:			
Brief Description of duties:			
Length of Service:	From:	To:	
Reason for Leaving (if applicable)			

EMPLOYMENT DETAILS – PREVIOUS EMPLOYMENT HISTORY

Please give details of your past employment, excluding your present or last employer, stating the most recent first. Please continue on an additional sheet if necessary

Name and full address of employer	Start and End Date of Employment	Job Title and Main duties	Reason for leaving

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand that if I am offered employment I must apply for a Disclosure under the Police Act 1997, and that any offer of employment is subject to a satisfactory Disclosure. I declare that I have no reason to believe that the contents of any such Disclosure would contain anything that would prevent me from working with vulnerable adults and children.

I understand these details will be held in confidence by the Organisation, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:
------------	-------

REFERENCES

Please give full details below of two people (one of which **must** be your present employer or, if you are not currently employed, your most recent employer) whom we may write to and request a reference. The second referee should also be from a previous employer. If this is not possible please provide a personal reference - this should not be from a relative, a Fylde Community Link employee or any person who only knows you as a friend. Ensure that the referees you provide know your capabilities and can comment on your reliability.

REFEREE 1 – must be your present employer or, if you are not currently employed, your most recent employer.	REFEREE 2
Full Name:	Full Name:
Position:	Position:
Full Address including name of organisation:	Full Address including name of organisation:
Postcode:	Postcode:
Tel. No:	Tel. No:
Can we approach this employer before an offer of employment is made? YES/NO	Is this a personal reference? YES/NO

SOURCE OF APPLICATION

How did you hear of this vacancy? Please give full details, including the name of the website if using the internet:

--

Please state if you have a personal or family relationship with any current staff member, service user or Trustee: **YES/NO**

If 'Yes' please specify the nature of the relationship:

PRIVATE & CONFIDENTIAL

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 are “spent” under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Fylde Community Link Limited. Any information will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

If the answer to any of the following questions is yes please give details:

1. Have you ever been convicted or found guilty of any offence by any Court even if you were only put on probation or conditionally discharged or bound over?

2. Have you had any summons against you or any charge brought against you in respect of any offence which has not been disposed of?

You are bound to inform the Chief Executive if you are convicted of or cautioned in relation to any criminal offence while employed by Fylde Community Link Limited.

Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

If appointed, I agree to subscribe to the DBS update service annually and to keep such subscription current throughout my employment. I understand that if I fail to do so I will become liable for the full cost of any disclosure renewals the organisation may request.

Print Name:	Date:
Signature:	

PLEASE RETURN FORM TO:
HR, Skills and Performance Manager
Fylde Community Link Ltd
19 Church Road
Lytham
Lancashire
FY8 5LH