

APPLICATION FORM

Application for the post of

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Personal Details

Forenames		Surname	
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Previous Names		Nationality	
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Address			
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Postcode			
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Time at this address	Years		Months	
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Mobile Number			
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Home Telephone Number			
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Email Address			
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Date and Place of Birth		NI Number	
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If you have lived in your home under 5 years, please list all other addresses at which you have lived in the last 5 years

Address	From	To
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Do you need a work permit to work in the UK?	Yes / No
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If yes, please give dates of your permit	Valid From		Valid To	
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Do you have a current drivers licence?	Yes / No
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Do you have any endorsements/penalty points?	Yes / No
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If yes, please give details			
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INROADS welcomes applications from disabled people, however, please indicate if you have any conditions which might affect your ability to undertake some tasks which the post requires and if you know of any adjustments that can be made:

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Depending on your answers to the following questions, we may require further information and you will be contacted by phone.

Have you ever been involved or subject to any safeguarding alerts and/or investigations by social services?	Yes / No
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Have you any disciplinary outcomes against you that are still on file?	Yes / No
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Are you related or living with anyone currently working or receiving care in our organisation?	Yes / No
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Employment History

Please give your employment history since leaving school starting with your current or last position. Please include any gaps in employment and give reasons why. Please continue on a separate sheet if necessary. Stating 'please see cv' is not acceptable.

Current or Last Position

Employers Name	
Employers Address	
Telephone Number	
Your Job Title	
Date Joined Company	
Date Left Company	
Length of notice if required	
Reason for leaving	
Brief Duties	

Previous Employment

Employer Name and Address	Post held and brief description	From Month/year	To Month/year	Reason for leaving



Supporting Information

Please give any information that will support your application, i.e. why you applied for the role, what skills and qualities you can bring. Please continue on a separate sheet if necessary.

General Education/Further Studies

Name of Education Facility	Attended From	To	Qualifications (exam body)	Grade

Professional Qualifications/Courses attended

Type/Name of Qualification	Date Obtained	Grade



References

Please provide three referees, the first must be your current or last employer. If you have never had a job, then please provide a referee from you school/college/university/Job Seekers Centre.

The second must be of another employer in the past 3 years. If you have been employed in the past in a position either paid or voluntary for people with disabilities or considered vulnerable then these must also be included as a referee.

If you have not been in paid or voluntary employment or cannot provide another business reference, then please supply the contact details of two people whom are not related to you, or live with you, who would be willing to supply a character reference.

	Reference 1	Reference 2	Reference 3
Name			
Position			
Company			
Address			
Email			
Telephone number			
Business or Character?			

Important information

Please note we are an equal opportunities employer and are happy to consider any alterations/support you may require to assist in your application and employment within our organisation where possible to do so.

Inroads are committed to safeguarding and promoting the welfare of children and adults and expect all staff and volunteers to share this commitment. We carry out enhanced DBS checks on all our staff and volunteers and you will be required to complete a rehabilitation of Offenders declaration. Any applicants successful at interview will be informed that their initial employment offer will be subject to the return of satisfactory references and a DBS check.

I agree that the information provided in this application form may be processed by the employer in relation to my application for this post to assist in the decision making process. I further agree that, should it be necessary to validate any of the information herein, the employer may release this information for verification purposes. If successful in my application, it is agreed that any information provided will be retained by the employer in a secure, confidential file, and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.

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 confirm that I am physically fit for the work which I have applied to do and have completed the health declaration form.

Signed		Date	
Print Name			

