

**Application for Employment**

**(Transport Dept.)**

|  |
| --- |
| Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How did you become aware of this vacancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **PERSONAL DETAILS** |

|  |  |  |
| --- | --- | --- |
| Title: | Forename(s): | Surname: |
| Address: |
| Date of Birth  |
| Telephone - Daytime: Evening: | Mobile: |
| Email: |
| NB Please detail any restrictions on daytime calls or email contact |

|  |
| --- |
| **LICENCE DETAILS – DRIVER APPLICATION ONLY** |

|  |  |  |  |
| --- | --- | --- | --- |
| Date passed Driving Test  | Do you have any points on your licence? | Yes | No |
| If yes please give details: |
| Are you a member of the advanced school of motorists or Rospa? | Yes | No |
| If yes please give details: |

|  |
| --- |
| **EDUCATION AND TRAINING** |

|  |
| --- |
| **Last School Attended** |
| Name and address of School | Examination Results |
|  | Subject | Grade |
|  |  |  |

|  |
| --- |
| **EDUCATION AND TRAINING - continued** |

|  |
| --- |
| **Professional Qualifications** (*Including membership of any professional organization*) |
| Name of Issuing Body | Details of Qualification/Membership |
|  |  |

|  |
| --- |
| **Further Education** |
| Name of University/College | Subject(s) Studied | Qualification awarded and Grade  |
|  |  |  |

|  |
| --- |
| **Vocational Training** (*Please give details of any GNVQ/NVQ obtained*) |
|  |
| **Training Courses Completed in Connection with Employment** |
| Name of Course | Training Provider | Dates and Duration | Qualification Awarded |
|  |  |  |  |

|  |
| --- |
| **PRESENT OR MOST RECENT EMPLOYMENT** |
| Start date | Name and Address of Employer |
|  |  |
| Leaving Date (*If applicable*) |  |
|  |  |
| Job Title | Salary | Notice Period |
|  |  |  |
| Please give a brief description of the main duties and responsibilities of the job |
|  |
| Reason for Leaving |
|  |

|  |
| --- |
| **PREVIOUS EMPLOYMENT (*most recent first*)** |
| Start date | Name and Address of Employer |
|  |  |
| Leaving Date  |  |
|  |  |
| Job Title | Salary | Notice Period |
|  |  |  |
| Please give a brief description of the main duties and responsibilities of the job |
|  |
| Reason for Leaving |
|  |
| Start Date | Employer | Job Title | Duties |
|  |  |  |  |
| Leaving Date |  | Salary | Reason for Leaving |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date | Employer | Job Title | Duties |
|  |  |  |  |
| Leaving Date |  | Salary | Reason for Leaving |
|  |  |  |  |

|  |
| --- |
| **FURTHER INFORMATION IN SUPPORT OF YOUR APPLICATION** |

|  |
| --- |
| Please state why you believe you are a suitable candidate for the position applied for. Explain how you meet the requirements of the role and give examples of relevant knowledge, skills and achievements.(*Please continue on a separate sheet if necessary*). |

|  |
| --- |
| **INTERESTS AND LEISURE ACTIVITIES** |

|  |
| --- |
|  |

|  |
| --- |
| **DISCLOSURE AND BARRING SERVICE (DBS) CHECKS**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Appointments may be subject to a current DBS check.

|  |  |
| --- | --- |
| Do you hold a current DBS certificate issued after 17/06/13**If yes:**Are you registered with the DBS Update service? | YES/NO YES/NO  |
| **If Yes**Do you give your consent for Compaid to carry out a status check using the DBS Update Service | YES/NO  |

If you **do not** hold a current DBS certificate:Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the **[Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)](http://www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi_20131198_en.pdf)**  [YES/NO](http://www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi_20131198_en.pdf)If you have answered YES please give details: (continue on a separate sheet if necessary) |

|  |
| --- |
| **REFERENCES** |

|  |
| --- |
| Please give the details of two people who we can approach for a reference. One of these must be your current, or most recent, employer.  |

|  |  |
| --- | --- |
| Name | Position |
|  |  |
| Address | Telephone number |
|  |  |
|  | E-mail address |
|  |  |
| May we approach this referee before interview? YES/NO |

|  |  |
| --- | --- |
| Name | Position |
|  |  |
| Address | Telephone number |
|  |  |
|  | E-mail address |
|  |  |
| May we approach this referee before interview? YES/NO |

|  |
| --- |
| **Immigration, Asylum and Nationality Act 2006.**The Immigration, Asylum and Nationality Act 2006makes it a criminal offence to employ someone who is not entitled to work in the UK. If you are invited to attend for interview you will be required to produce document(s) showing proof of entitlement to work in the UK. Full details of the documents that are acceptable will be provided if you are invited for interview. |

|  |
| --- |
| **Availability**Interviews are normally held within four weeks from applications being received. Please indicate below any dates when you will not be available for interview during that time |

|  |
| --- |
| **DATA PROTECTION** |

|  |
| --- |
| Under the terms of the General Data Protection Regulations 2018 the information that you provide on this application form will be used for the purpose of assessing your suitability for employment. For successful applicants the information provided will form part of your employment record with Compaid. If your application is unsuccessful the information will be retained for six months.I have read the information above and I agree that records of my details may be kept both on computer and in paper form in accordance with the Data Protection Act and used for the purposes set out above. I understand that I can change my mind at any time by contacting Compaid by telephone on 01892 834539 or by email at enquiries@compaid.org.uk.Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **DECLARATIONS** |

|  |
| --- |
| I confirm that I have read and agree to the terms and conditions of Compaid’s Safer Recruitment Statement YES/NO  |

|  |
| --- |
| I declare that the information given in this document is correct to the best of my knowledge and belief. I understand that any false statement or information may be sufficient to cause rejection of my application or, if employed, dismissal without notice.Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

****

**Equal Opportunities Monitoring Form**

Compaid operates an Equal Opportunities Policy. To help us monitor the effectiveness of this policy it would be appreciated if you could complete this form and send it back to us along with your application form. A statement of our Equal Opportunities Policy is available on request.

This Monitoring Form will be detached from your application and will be kept separately from the information to be used in the selection and interview process.

Position Role applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you hear about the vacancy?

 Newspaper – please state title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Compaid website

 Universal jobmatch website

 Word of mouth

* Jobcentre plus recommendation – please state which office (e.g.Tunbridge Wells): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other – please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Male/Female/Other/Prefer Not To Say
* Do you consider yourself to have a disability?\* Yes/No

If yes, please provide further details:

\*The Disability Discrimination Act 1995 defines a disabled person as someone with a physical or

 mental impairment which has a substantial and long-term adverse affect on their ability to carry

 out normal day-to-day activities.

* **Age Group**

Under 25 26 – 35

36 – 45 46 – 55

56 – 65 66 +

* What is your ethnic group? (grouping is based on the categories used in the Census in England & Wales in 2001). Choose 1 section from (a) to (e) then tick the appropriate box to indicate your cultural background.
1. **White b) Mixed**

 British White & Black Caribbean

 Irish White & Black African

 Any other White background White & Asian

 Any other mixed background

**c) Asian or Asian British d) Black or Black British**

 Indian Caribbean

 Pakistani African

 Bangladeshi Any other Black background

 Any other Asian background

1. **Chinese or other ethnic group**

 Chinese

 Any other