

EMPLOYMENT APPLICATION FORM PARTNERS FOR INCLUSION

West Kirk, 84 Portland Street, Kilmarnock. KA3 1AA
Tel: 01563 825555

POSITION APPLIED FOR: Service Leader

REFERENCE CODE FROM ADVERTISEMENT: _____

FULL TIME / PART TIME WORK (PLEASE SPECIFY): _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
			Postcode:
Contact Tel. No:			
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			
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 or covenants which might restrict your working activities?			YES/NO
If YES, please give full details			
Are you willing to work overtime and weekends as required?			YES/NO
Please give details of any hours which you would not wish to work:			
Have you any convictions			YES/NO
If YES, please give full details			
You will 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 Company before?			YES/NO
If YES, please give full details			
Have you applied for employment with this Company 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

Schools attended			Examinations and Results
College or University			Courses and Results
Further Formal Training			Diploma/Qualification
Job related Training Courses Name of Organisation			Subject

To comply with legal requirements all new employees of Partners for Inclusion must register with the SSSC (Scottish Social Services Council) and if you do not already possess the required qualification, undertake to complete the relevant qualification within the required timescale of three years.

EMPLOYMENT DETAILS

Are you currently employed? YES/NO

Name of present or last employer:	
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Address:	

Telephone No:	
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Nature of business:	
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Job title and a brief description of your duties:	

Length of Service:	From:	To:
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Please give details of all your past employment, stating the most recent first. This should also include voluntary work and placements you have undertaken. Please also account for any gaps in your employment history. Please continue on a separate sheet if required.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

ABOUT YOU...

Please tell us a bit about yourself, use the following as a guide.

- a) How would your friends describe you?
- b) What personal qualities do you have that you think would be useful in this job?
- c) What life experiences have you had that have made you the person you are today?
- d) What resources do you have to bring to the organisation:
- e) What would you bring to the working of the central management team?

ABOUT YOU...

In order to get an understanding of you as a person, tell us about something you have achieved in your working life and why you felt this was an important experience or one you are particularly proud of.

ABOUT THE POST...

Please describe to us your understanding of Supported Living and what experience you have in this area. In the absence of experience, please detail any skills / abilities / experience which you feel would be transferable.

ABOUT YOUR LEARNING AND REFLECTION...

Please tell us about your career to date in terms of which posts / experiences provided you with considerable opportunity to learn and develop.

We're interested in hearing about either positive or negative experiences that led to you reflecting and learning.

(Your answer should be no more than 500 words)

REFERENCES

We require three written references before you commence employment. Please give the names of two business referees (one of which should be your present or most recent employer, who had line management responsibility for you) and one other previous employer whom we may approach for a reference. In addition to this, we require a character reference. Please note that your character referee cannot be someone you are related to. If there is any difficulty with providing a reference from any of these sources, this must be discussed at the first interview stage.

Can we approach your current employer before an offer of employment is made? YES/NO

CURRENT OR MOST RECENT EMPLOYER	PREVIOUS EMPLOYER REFERENCE
Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

CHARACTER REFERENCE
Name:
Position:
Address:
Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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Declaration

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

I also understand and agree that there are times when this information may be required to be shared with a third party such as the Local Authority or Scottish Commission for the Regulation of Care.

I understand these details will be held in confidence by the Organisation in compliance with the Data Protection Act 1988

Signature:	Date:
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