



JOB APPLICATION FORM

Please carefully read this form and answer all the questions honestly and truthfully. Afterwards read the Declaration and Consent under the Data Protection Act at the end of the form, then sign and date it.

OPENhouse is committed to safeguarding and promoting the welfare of children and adults at risk. All appointments are subject to receipt of a satisfactory enhanced Disclosure and Barring disclosure.

Return the completed form to: **HR Department, OPENhouse, Gloucester Street, Stroud, GL5 1QG**
Or email to: hr@openhouseuk.org

POSITION APPLIED FOR:			
APPLICANT INFORMATION			
Surname	First Name	Initial	Date
Street Address			
Town/City	County	Postcode	
Phone No (daytime)	Mobile No:		
E mail address:	Date Available	Current CRB check?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?		
Do you have a criminal record?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain*		
Do you hold a full current Driving Licence?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, do you currently have penalty points? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*Note: This position is exempt from the Rehabilitation of Offenders Act 1974 therefore all offences should be declared.			

EDUCATION	
Secondary Education	Address
From To	GCSEs
Secondary Education	Address
From To	A/AS Levels
College or University	Address
From To	Qualification attained
College or University	
From To	



REFERENCES

Please give details of two references, one of whom must be your present and/or last employer and the other from a previous employer. Your referees must have knowledge of your work and character and must be senior to you in the organisation. In the case of applicants leaving full time education or not having worked since doing so, the Head of School, College or University should be one of the named referees. We do not accept references from friends or family members. To ensure we process your application in an efficient manner, we prefer to contact your referees by email. Where appropriate, please inform them of your application.

Full Name	Job Title
Address	
	Phone No
Full Name	Job Title
Address	
	Phone No

PREVIOUS EMPLOYMENT

Company	Phone No
Address	
Job Title	Final Salary £
Responsibilities:	
From	To Reason for Leaving
Company	Phone No
Address	
Job Title	Final Salary £
Responsibilities:	
From	To Reason for Leaving
Company	Phone No
Address	
Job Title	Final Salary £
Responsibilities	
From	To Reason for Leaving



Please give details of any gaps in your employment history, including dates, duration and reason for the gap. If you have not had any gaps, please state none or n/a.

THE JOB YOU HAVE APPLIED FOR

Please explain why you are applying for the position and how your experience (paid or unpaid), personal qualities and skills help to make you a suitable candidate. It is essential that you provide us with details that demonstrate how you meet the criteria for this position.

DECLARATION AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I confirm that I am legally entitled to be employed in the UK

If this application leads to employment, I understand that false or misleading information in my application or interview may result in the termination of my employment.

Signature

Date

DATA PROTECTION DECLARATION

Consent under the Data Protection Act 1998 - the information given in this form will be processed only by Shire Training Workshops for the purpose of considering your application for employment. If you are successful in your application this form and the information in it will be retained in your HR file for such time as you are an employee of Shire Training Workshops and for up to 6 years after the end of your employment. Otherwise this form will only be retained by Shire Training Workshops for so long as it is required in connection with your application. By signing this consent you give us your express consent to retain and process all the information contained in this form.

Signature:

Date:





EQUAL OPPORTUNITIES MONITORING INFORMATION

It is our policy to recruit staff on the basis of their ability and their suitability for the position for which they are applying.

As part of our equal opportunities policy, we welcome applications from all parts of the community. It would help us if you would answer these questions, which assist us to monitor the effectiveness of our policy.

We treat the information you give us in confidence. We may use the data for statutory equal opportunities monitoring purposes, but individuals would not be identified from the data given. We will separate this questionnaire from the application form before we shortlist and decide who to invite for interview.

	Date of Birth:
Position applied for (please include reference no.):	

Sex	Title
Male <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>
Female <input type="checkbox"/>	Other

How did you find out about the vacancy?			
Member of our staff <input type="checkbox"/>	Internal advertisement <input type="checkbox"/>	OPENhouse website <input type="checkbox"/>	
Glosjobs <input type="checkbox"/>	This is Gloucestershire website <input type="checkbox"/>	Job Centre <input type="checkbox"/>	
Local/National Newspaper/Journal (please specify) <input type="checkbox"/>			
Other (please specify) <input type="checkbox"/>			

How would you describe your ethnic origin?			
White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other
Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Other
Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Chinese or Other Ethnic Group	Chinese <input type="checkbox"/>	Other	
Mixed	White and black Caribbean <input type="checkbox"/>	White and Asian <input type="checkbox"/>	
	White and Black African <input type="checkbox"/>	Other	

Disability	
Do you consider yourself to be disabled? (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details below	

Under the Equality Act 2010, a person is disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities.



Disabilities may involve difficulties in moving around; holding and manipulating objects; physical co-ordination; incontinence; lifting; carrying or moving everyday objects; speech; hearing or eyesight (except if this is corrected with spectacles or contact lenses). It may also involve mental ability such as memory, concentration or learning and understanding.

Signature:

Date:



REHABILITATION OF OFFENDERS ACT 1974

Please complete this form in black ink or typescript and return it with your application form (please ensure all sections are completed).

Please complete in full

Position applied for:	Reference No.:
Surname/family name:	Forenames (in full):

The provisions of the Act relating to the non-disclosure of criminal convictions do not apply to certain occupations. The position for which you are applying is included in the exempted types of employment under the above order. As a consequence any criminal convictions or cautions (including reprimands and final warnings) may be taken into account when considering you for appointment. You are not entitled to withhold information about any convictions or cautions (including reprimands and final warnings) which are spent under the Act. Should you be offered employment this will be subject to an enhanced DBS background check.

Details of any Criminal Offences or Cautions

Have you ever been convicted of a criminal offence or received a caution (including reprimand or final warning) <i>Please tick relevant box</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details below (*continue on a separate sheet, if necessary*).

You should include details of the offence, the date of the conviction, the sentence you received and rehabilitation period. If you have any queries regarding the information requested, please contact the Human Resources on 01453 759400.

Declaration

I declare that the information given is to the best of my knowledge true and accurate. I understand that any misrepresentation or omission may result in my application not proceeding any further or, if appointed, may render me liable for dismissal.

Please tick to confirm the above statement is true

Signature:

Date:

Print name in full: