

**EMPLOYMENT APPLICATION FORM – CONFIDENTIAL**

This application form has been designed to offer you the opportunity of giving the fullest information whilst enabling us to assess all candidates in a fair and objective manner. Please therefore make your application on this form. **CV’s will not be accepted for this post.**

By returning and signing this application form you consent to St Basils using and keeping information about you or third parties, such as referee, relating to your application or future employment under the (Data Protection Act 1998)

Application forms need to be returned to: [recruitment@stbasils.org.uk](mailto:recruitment@stbasils.org.uk)

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| --- |
| **PERSONAL DETAILS** |
| Preferred title: Choose an item. If other please specify:  Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DECLARATION: TO THE BEST OF YOUR KNOWLEDGE:**

Do you know or related to any employee or St Basils member? Choose an item.

A tenant or Service User in a St Basils property? Choose an item.

Related to or connected with St Basils Service Users in any way? Choose an item.

If answered yes to any, please give details: Click here to enter text.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Position Applied For:** | | | |  | | | | | |
| **Where did you see this position advertised?** | | | |  | | | | | |
| **Contract Applied For (Not Applicable to Cover Workers)** | | | | | Choose an item. | | | | |
| **Please select the location(s) that you are available to work in (Cover Workers Only)** | | | | | | | | | |
| **Birmingham** | | Choose an item. | | **Sandwell** | | | | Choose an item. | |
| **Solihull** | | Choose an item. | | **Coventry** | | | | Choose an item. | |
| **Walsall** | | Choose an item. | | **Other** | | | | Click here to enter text. | |
| **Are You a Car Driver?** | | | |  | | | | | |
| **Do you speak any other language(s)** | | | | **Please Specify:** | | | | | |
| **Are you eligible to work in the UK?** | | | | Choose an item. | | | | | |
| **Employment History – Most Recent Employment** | | | | | | | | | |
| **Employers Company Name** | | | |  | | | | | |
| **Address** | | | |  | | | | | |
| **Contact Number** | | | |  | | | | | |
| **Your Job Title** | | | |  | | | | | |
| **Your Salary** | | | |  | | | | | |
| **Date you started** | | | |  | | | | | |
| **Benefits** | | | |  | | | | | |
| **Notice period required** | | | |  | | | | | |
| **Date you left / are leaving if applicable?** | | | |  | | | | | |
| **Reason you wish to leave** | | | |  | | | | | |
| **Brief description of your current duties** | | | | | | | | | |
|  | | | | | | | | | |
| **Previous Employment History** | | | | | | | | | |
| **Name of company** | | | |  | | | | | |
| **Date Started** | | | |  | | | | | |
| **Date Left** | | | |  | | | | | |
| **Job Title** | | | |  | | | | | |
| **Reason for leaving** | | | |  | | | | | |
| **Previous Employment History** | | | | | | | | | |
| **Name of company** | | | |  | | | | | |
| **Date Started** | | | |  | | | | | |
| **Date Left** | | | |  | | | | | |
| **Job Title** | | | |  | | | | | |
| **Reason for leaving** | | | |  | | | | | |
| **Previous Employment History** | | | | | | | | | |
| **Name of company** | | | |  | | | | | |
| **Date Started** | | | |  | | | | | |
| **Date Left** | | | |  | | | | | |
| **Job Title** | | | |  | | | | | |
| **Reason for leaving** | | | |  | | | | | |
| **Previous Employment History** | | | | | | | | | |
| **Name of company** | | | |  | | | | | |
| **Date Started** | | | |  | | | | | |
| **Date Left** | | | |  | | | | | |
| **Job Title** | | | |  | | | | | |
| **Reason for leaving** | | | |  | | | | | |
| **Are there any gaps in your employment history?** | | | | Choose an item. | | | | | |
| **Reason for gap in employment** | | | | | | | | | |
|  | | | | | | | | | |
| **Education and Qualifications** | | | | | | | | | |
| **Name of Qualification** | **Name of school / college / university / training provider** | | | **Date Completed** | | | | **Level / Grade** | |
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| **Membership of Professional Bodies** | | | | | | | | | |
| **Name of professional or technical association** | | | **Date of membership** | | | **Status** | | | |
|  | | |  | | |  | | | |
|  | | |  | | |  | | | |
| **References – Please provide employment references. Please note they must not be related to you and must cover the past three years.** | | | | | | | | | |
| **Most Recent Employment Reference** | | | | | | | | | |
| **Name of company** | | | |  | | | | | |
| **Name of person providing reference** | | | |  | | | | | |
| **Relationship to you** | | | |  | | | | | |
| **Address** | | | |  | | | | | |
| **Telephone Number** | | | |  | | | | | |
| **Email Address (please provide)** | | | |  | | | | | |
| **Are you happy for us to contact this reference prior to interview?** | | | | | | | Choose an item. | | |
| **2nd Employment Reference** | | | | | | | | | |
| **Name of person providing reference** | | | |  | | | | | |
| **Name of company (if applicable)** | | | |  | | | | | |
| **Relationship to you** | | | |  | | | | | |
| **Address** | | | |  | | | | | |
| **Telephone Number** | | | |  | | | | | |
| **Email Address (please provide)** | | | |  | | | | | |
| **Are you happy for us to contact this reference prior to interview?** | | | | | | | Choose an item. | | |
| **3rd Reference (If Applicable)** | | | | | | | | | |
| **Name of person providing reference** | | | |  | | | | | |
| **Name of company (if applicable)** | | | |  | | | | | |
| **Relationship to you** | | | |  | | | | | |
| **Address** | | | |  | | | | | |
| **Telephone Number** | | | |  | | | | | |
| **Email Address (please provide)** | | | |  | | | | | |
| **Are you happy for us to contact this reference prior to interview?** | | | | | | | Choose an item. | | |
|  | | | | | | | | | |
| **Supporting Statement – Please complete ALL sections** | | | | | | | | | |
| **Please use the person specification and link these to past duties and experience to indicate why you should be considered for this post. Make sure you include all relevant skills and knowledge which may have been gained through employment, community or voluntary work.** | | | | | | | | | |
| **EXPERIENCE** | | | | | | | | | |
|  | | | | | | | | | |
| **KNOWLEDGE** | | | | | | | | | |
|  | | | | | | | | | |
| **SKILLS** | | | | | | | | | |
|  | | | | | | | | | |
| **PERSONAL STATEMENT** | | | | | | | | | |
|  | | | | | | | | | |
| **WHAT VALUES AND ATTRIBUTES CAN YOU BRING TO ST BASILS?** | | | | | | | | | |
|  | | | | | | | | | |
| **If you are applying to work with people under the age of 18, disabled, elderly or vulnerable people, the provisions of sector 4.2 (of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) do not apply to you. This means that you are not entitled to withhold information about certain convictions or cautions which, for other purposes, are ‘spent’ under the provision ACT.**  **Failure to disclose relevant convictions or cautions could result in your dismissal at a later date (please see** [**www.gov.uk/dbs**](http://www.gov.uk/dbs) **for more information on which cautions and convictions need to be disclosed) Information given will be treated as confidential and will be considered only in relation to applicants for positions which the order applies.** | | | | | | | | | |
| Have you any convictions or cautions or are you currently the subject of any criminal proceedings (for example charged or summonsed but not yet being dealt with) or any police investigation?  Choose an item.  If yes please provide details of any convictions, cautions or blind overs below:  Date of Offence:-  Details of Offence  Sentence / Conviction Details:- | | | | | | | | | |
| **Under the Independent Safeguarding Authority are you allowed to work with at risk or vulnerable people** | | | | Choose an item. | | | | | |
| **Declaration:** I declare that the information given in on this Employment Application Form and on the attached Personal Details form is true and correct. I understand that any appointment offered would be made on the basis of my application and interview and that any failure to disclose information, or any attempt to mislead may lead to disciplinary action and St Basils terminating my employment without notice. I also understand that any offer of employment would be subject to a satisfactory probationary period, Criminal Records Check and two satisfactory written references.  In accordance with the Data Protection Act2018, I hereby give my consent for the information I have provided in this application to be used for the purposes outlined only on this form and as stated in the Candidate Application Guideline Notes. | | | | | | | | | |
| **Name** | | | |  | | | | | |
| **Signed** | | | |  | | | | | **Date:** |

St Basils are Equal Opportunities employers and as part of our equal opportunities policy we are committed to implementing policies which do not discriminate on the grounds of ethnicity, gender, pregnancy and maternity, marital or civil partnership status, sexual orientation, disability, age and religion. For this reason our recruitment and selection procedures aim to avoid any unfair discrimination on these grounds during the consideration of applications for employment. To help us monitor this policy and the effectiveness of our recruitment practices we require all applicants to complete the following questions. As with all the other information on this form it will be treated as confidential and the short-listing and recruiting panel will not see this part of the form. It will be separated from your application and held by our Human Resources team and will only be used to monitor our equal opportunities policy.

**Ethnic Background**

**(A) White or White British**

|  |  |  |  |
| --- | --- | --- | --- |
| British / English/ Welsh / Scottish/Northern Irish |  | Irish |  |
| White Gypsy or Irish Traveller |  |
| Other – Please Specify |  | | |

**B) Asian or Asian British**

|  |  |  |  |
| --- | --- | --- | --- |
| Indian |  | Chinese |  |
| Pakistani |  | Bangladeshi |  |
| Other – Please Specify |  | | | |

**(B) Mixed Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| White and Asian |  | White and Black African |  |
| White and Black Caribbean |  |
| Other – Please Specify |  | | |

**(C) Black or Black British**

|  |  |  |  |
| --- | --- | --- | --- |
| African |  | Caribbean |  |
| Other – Please Specify |  | | |

**D) Other Ethnic Group**

|  |  |
| --- | --- |
| Arab |  |
| Other – Please Specify |  | |

**Religion or Belief**

|  |  |  |  |
| --- | --- | --- | --- |
| Christianity |  | Buddhism |  |
| Judaism |  | Islam |  |
| Sikhism |  | None |  |
| Hinduism |  | Prefer not to say |  |
| Other – Please Specify |  | | | |

**Age Range**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 17 - 19 |  | 20-24 |  | 25-29 |  | 30-34 |  |
| 35-39 |  | 40-44 |  | 45-49 |  | 50-54 |  |
| 55-59 |  | 60-64 |  | 65-69 |  | 70-74 |  |
| 75-79 |  | 80+ |  | Prefer Not to Say |  |

**Gender**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| Prefer not to say |  |

**Sexual Orientation**

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual |  | Gay Man |  |
| Heterosexual/Straight |  | Lesbian/Gay Woman |  |
| Prefer not to say |  |

**Marital Status**

|  |  |  |  |
| --- | --- | --- | --- |
| Cohabiting |  | Divorced or civil partnership dissolved |  |
| In a civil partnership |  | Married |  |
| Separated |  | Single |  |
| Widowed or a surviving partner from a civil partnership |  | Prefer not to say |  |

**The Equality Act (2010) defines a disabled person as someone with a 'physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities'. Do you consider yourself to have a disability?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |