

JOB APPLICATION FORM





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email: enquiry@community-options.org.uk website: www.community-options.org.uk

JOB APPLICATION FORM

Position applied for			
Job ref.		Personnel use	
PERSONAL			
Forename(s)		Surname	
Address			
Daytime telephone		Evening telephone	
	ATION: All successful candidates will b Bureau before an offer is confirmed.	e required to obtain a	n Enhanced Disclosure report from
Due to the nature of to Offenders Act 1974.	the work, this post is exempt from the	provisions of Section	4(2) of the Rehabilitation of
Have you ever been co	onvicted of a criminal offence, or been su letails:	bjected to any condition	nal discharges, bindovers or cautions?
As the post applied for	allows substantial access to vulnerable ac	dults, you cannot regard	ANY past convictions as spent.
SIGNED			DATE
Name			
If NO, please read and	d sign the following declaration;		
I declare that I do not	possess, nor have I ever possessed a es, bindovers or cautions.	criminal conviction, no	or have I been subject to any
SIGNED			DATE
Name			

Failure to disclose any relevant information or providing false or inaccurate information may be regarded as a breach of any subsequent contract of employment resulting in disciplinary action and or immediate dismissal.

School/college/university Address and dates of attendance Qualifications gained and date Qualifications gained and date
ADDITIONAL TRAINING AND OLIALIFICATIONS (where the standard of
ADDITIONAL TRAINING AND QUALIFICATIONS (please give details and dates) Date Training/qualifications Course provider
Training/qualifications Course provider
DECICED ATION TO PROFESSIONAL PORY
REGISTRATION TO PROFESSIONAL BODY Data of registration Professional hodge Professional Professi
Professional body Date of registration Date of expiry of registration

LICENCE AND CAR OWNERSHIP						
Do you have a current full UK driving licence?	Yes		No			
Do you own a car that can be used for work?	Yes		No			

CURRENT EMPLOYMENT - paid or voluntary						
Name and address	Position held	Date started	Salary	Notice required		

PREVIOUS EMPLOYMENT - paid or voluntary (in chronological order)							
Name and location	Position	From/to	Salary	Reason for leaving			

Please demonstrate how you meet the requirements stated in the person specification in relation to
Experience (please continue on additional sheets if required)
Skills and qualities (please continue on additional sheets if required)
Understanding and knowledge (please continue on additional sheets if required)

Please demonstrate how you meet the requirements stated in the person specification in relation to
Personal attributes (please continue on additional sheets if required)
Please give a brief description of the responsibilities in your present employment as well any other employme
(Please continue on additional sheets if required)
, rease continue on additional streets in required,
What is it about the job which particularly interests you?
(Please continue on additional sheets if required)

referees.) Please ensure your referees are aware that you have put their name forward.					
1. Name of referee		Phone No			
Address					
Occupation					
Can we take up reference be	fore offer of employment is made?	YES		NO	
2. Name of referee		Phone No			
Address					
Occupation					
Can we take up reference be	fore offer of employment is made?	YES		NO	
DECLARATION					
Are you related to a current of	employee or committee member? If ye	s, please give	brief details		
Are you a tenant or resident	of Community Options? If yes, please g	ive brief deta	nils		
All the information I have give and understand that:	en here is true. I consent to the use of all	this information	on when cons	idering my ap	oplication,
	ntially at all times; rm part of my personnel records; nformation will be destroyed after six mo	onths			
SIGNED			DATE		

At least two must be provided; one must be your present and/or last employer/care employer. Other acceptable referees would be a college supervisor or voluntary work supervisor. (Friends and relatives are not acceptable

REFEREES

Any information contained in this form will be treated in confidence. Failure to disclose any relevant information or providing false or inaccurate information may be regarded as a breach of any subsequent contract of employment resulting in disciplinary action and/or dismissal.

MONITORING							
			Post		No.		
Community Options operates policies designed to ensure that all applicants are treated equally, regardless of race, religion, ethnic origin, age, sex and disability. In order to monitor whether or not such policies are effective you are asked to provide the following information. This information will not be used in assessing your suitability and failure to complete it will not affect your application but will assist us in identifying possible barriers in the process which will help us eliminate discrimination.							
Age			Male		Female		
How would yo	ou describe you	ur ethnic origin? Please tick or	ne box				
1	White		British				
2			Irish				
3			Other				
4	Mixed		White and Bla	White and Black Caribbean			
5			White and Black African				
6			White and Asian				
7			Other				
8	Asian or Asian British		Indian				
9			Pakistani				
10			Bangladeshi				
11			Other				
12	Black or Black British		Caribbean				
13			African				
14			Other				
15	Other Chinese						
16			Other Ethnic Background				
17			Not Stated				
Do you have a disability?		YES		NO			
Have you experienced mental illness?		YES		NO			
Where did you see this post advertised?							
I consent to Community Options processing this information for monitoring purposes, on the understanding that it will not be divulged to any person considering my application for work with the organisation.							
SIGNED			DATE				