****

**Application for Employment**

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| --- | --- |
| **Surname:** |  |
|  |  |
| **Other names:** |  |
|  | |
| **Date of Birth:** |  |
|  |  |
| **Gender:** |  |
|  |  |
| **Post Title:** |  |

To help us assess your application please complete all sections of this form.

A CV will not be accepted unless submitted by a visually impaired applicant.

Please type or print using black ink

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| --- |
| **1 Your Personal Details** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: |  | | | |
|  |  | |  |  |
| Postcode: |  | |  |  |
|  |  | |  |  |
| Tel (Home): |  | | Tel (Business): |  |
|  |  | |  |  |
| Email: |  | | | |
|  |  | | | |
| National Insurance Number: | |  | |  |

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| **2 Your Certificates Gained at School** |

Please give details of any certificates obtained such as SCOTVEC, SQA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Awarding Body (e.g. SQA)** | **Course/Subject/Module Titles** | **Level/Grade of Course**  **(e.g. 1,2,3 / A, B, C)** | **Date Certificate Awarded** | **✓ Tick if Awaiting Results** |
|  |  |  |  |  |

**1**

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| **3 Your Further or Higher Education** |

Please provide details of any course for which a certificate e.g. SVQ, HNC, HND degree or diploma was awarded

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| --- | --- | --- | --- | --- |
| **University/College** | **Course Title**  **(e.g. HND Computing)** | **Subjects studied** | **Date Awarded** | **✓ Tick if Awaiting Results** |
|  |  |  |  |  |
| **4 Your Membership of Professional Bodies (Current Membership Only)** | | | | |

|  |  |  |
| --- | --- | --- |
| **Name of Awarding Body/Institution** | **Class of Membership** | **Date Awarded** |
|  |  |  |

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| **5 Training Courses Attended – Which may be Relevant to this Application** |

|  |  |  |
| --- | --- | --- |
| **Course Provider** | **Description of Course**  (including main subject covered) | **Date Awarded** |
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**Your**

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| **6 Personal Development** |

Please outline the content of any personal development plan, together with evidence of continuing professional development, where appropriate.

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**Details**

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| **7 Current Employment (or most recent employment)** |

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| --- | --- | --- | --- |
| **Name & Address of Employer/Job Title** | **Dates** | | **Basic Salary/Wage**  **£**  **per week/year**  **Additional Supplement/Bonus etc.**  **£**  **per week/year**  **Notice Required:** |
| **From** | **To** |
|  |  |  |

Please give details of your present duties/responsibilities using supplementary sheet (s) if required. Please ensure you put your name (surname and initials) on any separate sheets used.

|  |
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|  |
| **8 Previous Employment** |

List in order with most recent employer first. Please use supplementary sheet(s) if required ensuring that your name (surname and initials) is on any separate sheets used.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name & Address of Employer** | **Job Title and Brief Description of Duties** | **Annual Salary of Hourly Rate** | **Dates** | | **Reason for Leaving** |
| **From** | **To** |
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| **9 Information Relevant to Application** |

Please tell us how are abilities, personal qualities and experience (both inside and outside work if appropriate) are relevant to your application. Please remember to put your name (surname and initials) on any pages you use.

Indicate the number of additional pages attached

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| **10 Driving Licence** |

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| --- | --- | --- | --- | --- | --- | --- |
| Do you hold a current driving licence? |  | Full |  | Provisional |  | No |
|  |  |  |  |  |  |  |
| Does your licence have penalty point endorsements? |  | Yes |  | No |  |  |
|  |  | | | | | |
| If yes please specify |  | | | | | |
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| **11 Attendance at Work** |

Please list all absences from work through illness or injury over the last 2 years. Please use additional sheet if necessary.

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| --- | --- | --- | --- |
| **Number of Days Absent** | **Reason for Absence** | **Dates** | |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
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| **12 Leisure Activities or Interests** |

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| **13 Referees** |

Please provide details of two referees. If you are currently in employment, at least one must represent your present employer. References are normally taken up if you are short-listed for interview.  **Please tick the box if you do not wish contact to be made with a referee prior to an interview being held**. After interview, if Active Ark is considering offering you an appointment, referees will be contacted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Name & Organisation** | **Address (including Postcode)** | **Occupation** | **Email address** | **Tick if NO Contact to be made prior to interview** |
|  |  |  |  |  |
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| **14 Freelance Employment** |

|  |  |
| --- | --- |
| Please tick if you wish to apply for this post on a freelance basis |  |

|  |  |
| --- | --- |
| If Yes, please indicate your preferred work arrangement |  |

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| **15 Disability** |

**Active Ark Outdoors Ltd. offers a guaranteed interview to any applicant who considers him/herself to be disabled and who meets the minimum essential requirements for the post.**

|  |  |
| --- | --- |
| Please tick if you consider yourself to be disabled |  |

If yes, please provide details on how this may affect your job.

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| **16 Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975** |

**Under this Act, applicants are entitled to withhold information on a criminal conviction on the grounds that it is ‘spent’ following a period of rehabilitation, unless the post has been advertised as ‘excepted’ from these provisions. All applicants selected for interview will be required to complete and bring with them a Criminal Conviction Form which will provide full details of the Act and give advice on how to complete the declaration.**

|  |
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| **17 Declaration** |

**IMPORTANT (Please read carefully before signing)**

I certify that all statements given above by me on this form are true and correct to the best of my knowledge, I realise that if I am employed and it is found that such information and all other documents associated with the recruitment and selection process is false or that I have withheld information I am liable to dismissal without notice.

**Data Protection Act**

I consent to Active Ark Outdoors Ltd. and its agents processing, by means of information and communication technology or otherwise, any information which I provide to them for purposes of recruitment to and employment with the Care Commission, monitoring the effectiveness of Active Ark’s Equal Opportunities Policy, and, in the exercise of the Active Ark’s’s legitimate interests.

**Please sign using initials and surname only**

Signed: ………………………………………….. Date: …………………………………..

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| **18 Returning Your Application** |

**Before sending your application: Have you completed all the sections and put your name on any attached papers?**

**Completed Application forms should be returned by the closing date to:**

**Active Ark Ltd.**

**Unit E**

**Baron Way**

**Kingmoor Business Park**

**Carlisle**

**CA6 4SJ**

**Equal Opportunities Questionnaire**

We are committed to pursuing equality of opportunity within the principle of appointment based on merit. Monitoring recruitment practice is one way of helping us ensure that there is no discrimination in the way people are selected. The information you provide on gender, age, ethnic origin and disability will be used for monitoring purposes only.

**This page will be separated from your application upon receipt. The information it contains will not influence your application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Forename:** |  |
|  |  |  |  |
| **National Insurance Number:** |  | | |
|  |  | | |
| **Post Applied for:** |  | | |
|  |  | | |
| **Location of Post:** |  | | |

|  |  |
| --- | --- |
| **Advert Reference:** |  |

**Please tick where you saw this post advertised.**

|  |  |  |
| --- | --- | --- |
|  |  | **Press Advert (Please state name of publication)** |
|  |  |  |
|  |  |  |
|  |  | **Other (Please detail)** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** (Please tick) |  | **Male** |  | **Female** |

**Age:** Are you?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Under 21 years |  | 50 – 59 years |
|  |  |  |  |
|  | 21 – 29 years |  | 60 – 65 years |
|  |  |  |  |
|  | 30 – 39 years |  | Over 65 years |
|  |  |
|  | 40 -49 years |

**Ethnic Origin:** Please tick one category from A, B, C, D or E. These categories are taken from the 2001 Census.

1. **White**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Scottish |  | Irish |
|  |  |  |  |
|  | Other British |  | Any other White background |

1. **Mixed**

|  |  |
| --- | --- |
|  | Any mixed background |

1. **Asian, Asian Scottish or Asian British**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Indian |  | Chinese |
|  |  |  |  |
|  | Pakistani |  | Any other Asian background |
|  |  |
|  | Bangladeshi |

1. **Black, Black Scottish or Black British**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Caribbean |  | Any other Black background |
|  |  |  |  |
|  | African |

1. **Other ethnic background**

|  |  |
| --- | --- |
|  | Any other background |

**Disability**

Disability is defined as a physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In these terms, do you consider that you have a disability? |  | Yes |  | No |

We operate a guaranteed interview scheme for people with a disability, where they meet the **minimum essential** criteria for the post.

**To be completed by Existing Active Ark employees only.**

Compared with your present post, if successful in obtaining this post, would you view this as a promotion?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**In terms of the Data Protection Act 1998, I consent to the information which I have provided being used to monitor the effectiveness of the Active Ark’s Equal Opportunities Policy.**

**Signed: …………………………………………………. Date: …………………………………..**