Staff Application Form

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| POSITION APPLIED FOR: |  |
| Vacancy reference number  (if applicable) |  |
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| PERSONAL | |
| (Please complete this section in BLOCK CAPITALS)  Surname: First Name(s):  Address:  Postcode: | |

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| --- | --- |
| Contact Tel. No: | Date of Birth: |
| Mobile Contact no: | National Insurance number : |

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| Full Driving Licence: | YES/NO | Endorsements: | \*YES/NO |
| \* If YES, please give further details including dates. | |  | |
| Are you related to any member of New Horizons (NW) Ltd governing body / staff | | | \*YES/NO |
| \* If YES, please give further details. | | | |
| Have you ever been dismissed from any previous employment on the grounds of misconduct or incapability | | | \*YES/NO |
| If yes, please give details of dates and reasons: | | | |

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| 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 |  | |
| Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company’s CRB Code of Practice is available on request.) | | YES/NO |
| If YES, please give full details |  | |
| If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment? | | YES/NO |
| Have you ever worked for this business before? | | YES/NO |
| If YES, please give full details |  | |
| Have you applied for employment with this business before? | | YES/NO |
| Do you need a work permit to take up employment in the U.K.? | | YES/NO |
| How much notice are you required to give to your current employer? | |  |

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of present or last employer: | | | | |  | | | |
|  | | | | |  | | | |
| Address: |  | | | | | | | |
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|  | | | | | | | | |
|  | | | | | | | | Postcode: |
|  | | | | | | | | |
| Telephone No: | |  | | | | | | |
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| Nature of business: | | |  | | | | | |
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| Job title and a brief description of your duties: | | | | | |  | | |
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| Reason for Leaving: | | | | | | | | |
|  | | | | | | | | |
| Length of Service: | | | | From: | | | To: | |

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first. Please leave no gaps and account for every year since leaving education.

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| --- | --- | --- | --- |
| Name and address of employer | Dates | Position held & main duties | Reason for leaving |
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Education

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| --- | --- | --- | --- |
| Schools attended since age 11 | From | To | Examinations & results |
|  |  |  |  |
| College or university | From | To | Courses and results |
|  |  |  |  |
| Further Formal training | From | To | Diploma / Qualification |
|  |  |  |  |
| Job related training courses | Name of organisation | | Subject |
|  |  | |  |

Voluntary Work

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| --- | --- | --- |
| Date | Organisation | Nature of work |
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Interests, Achievements, Leisure Activities (e.g. hobbies, sports, club memberships)

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Please list languages spoken and level of competence:

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Present or Last Employer

Please give the names and addresses and telephone number of two contactable referees. The first must be your present or most recent employer. In the absence of previous employment experience, a referee from your last place of full-time education will be a suitable alternative. The second referee should be somebody who has known you for 3 years or more, but should not be somebody from your current place of employment. By completing this section you are consenting to personal information being disclosure by your referees to New Horizons (NW) Ltd

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| --- | --- | --- |
| Name of present or last employer |  | |
| Address |  | |
|  | | |
|  | | |
|  | | Postcode |
| Telephone Number |  | |
| Position of Referee |  | |
| How long has the referee known you? |  | |
| Can this reference be taken up immediately? | | Yes / No |

|  |  |  |
| --- | --- | --- |
| Name of second reference |  | |
| Address |  | |
|  | | |
|  | | |
|  | | Postcode |
| Telephone Number |  | |
| Position of Referee |  | |
| How long has the referee known you? |  | |
| Can this reference be taken up immediately? | | Yes / No |

Health

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| --- | --- | --- |
| Do you consider yourself to have a disability ? | | Yes / No |
| If yes please provide details of the nature of your disability? | | |
| Physical Impairment  Visual Impairment/Blind  Learning Disability  Mental Health/Mental Distress  Hearing Impairment/Deaf  Long Term Limiting Illness  Other (Please Specify) | | |
| How many days absence have you had in the last 12 months? | How many occasions of absence have you had over the last 12 months? | |

How did you hear of this vacancy?

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Additional Information

Please give any additional information in support of your application for the post showing how you meet the requirements of the person specification. Please continue on additional sheets if required

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Protection of children

Because of the nature of the work for which you are applying, this post is exempt from the Provisions of Section 4(2) of the rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. this means that applicants or volunteers are not are not entitled to withhold information about any previous convictions or cautions which, for other purposes, are spent under the terms of the Act.

You are therefore requested to give details as required below, listing all convictions and cautions, no matter how long ago they occurred.

Applicants for certain posts will be subject to a satisfactory police check prior to confirmation of appointment.

In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the company. Any information given will be completely confidential, and will be considered only in relation to an application for positions to which the Order applies.

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| --- | --- |
| Do you have any convictions / Cautions? | Yes / No |
| Are you currently the subject of any criminal proceedings or police investigations? | Yes / No |
| If so please provide details | |

Declaration

I confirm that, to the best of my knowledge, the information I have provided in this application is correct

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applications should be addressed to:-

Operational Manager

New Horizons (NW) Ltd

Horizon House

52 Bath Street

Southport

Merseyside

PR9 0DH