

**EMPLOYMENT APPLICATION FORM**

**You must complete all sections of the Application Form in blank ink or electronically. We will use this form to help us decide on your suitability for the post so please make sure it is accurate and complete. Curriculum Vitae’s will not be accepted. Guidance Notes are attached to help you complete this form.**

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| --- | --- |
| Position applied for: | Closing date: |
| Where did you first learn of this vacancy? | |

**Personal Details and Contact Details**

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| --- | --- | --- | --- |
| Title:       Surname:       Forenames (in full): | | | |
| Please also provide details of any former names (if applicable): | | | |
| Home Address: | | Daytime Telephone No: |  |
| Evening Telephone No: |  |
| Mobile No: |  |
| National Insurance No: |  |
| Post Code: |  | e-mail: |  |

**Entitlement to work in the UK**

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| All applicants will be asked at interview to provide documentary evidence of their right to work in the UK – do you have any restrictions that apply to you? **Yes\***  **no**  \*If yes – please give details of any restrictions: |

**Reasonable Adjustments**

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| Do you consider yourself to have a disability? **Yes\***  **no**  \*If yes – please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process |

**References**

Please provide details of referees covering at least 3 years of employment who can comment on your suitability for this post. The referee must be a line manager or supervisor. References from relatives or people who only know you as a friend are not acceptable. If you do not wish us to contact a referee prior to inteview, then please tick the appropriate box and use a separate sheet to explain why . If you have not worked previously, then please give details of a school/college/university official.

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| **Referee 1** | | **Referee 2** | |
| Name: | | Name: | |
| Relationship to applicant: | | Relationship to applicant: | |
| Position: | | Position: | |
| Employer/University/College Name: | | Employer/University/College Name: | |
| Address: | | Address: | |
| Post Code: |  | Post Code: |  |
| Telephone No: |  | Telephone No: |  |
| E-mail: |  | E-mail: |  |
| **Referee 3** | | **Referee 4** | |
| Name: | | Name: | |
| Relationship to applicant: | | Relationship to applicant: | |
| Position: | | Position: | |
| Employer/University/College Name: | | Employer/University/College Name: | |
| Address: | | Address: | |
| Post Code: |  | Post Code: |  |
| Telephone No: |  | Telephone No: |  |
| E-mail: |  | E-mail: |  |

**Current Employment** (or last employment if not currently employed)

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| --- | --- | --- | --- | --- | --- |
| Employer Name: |  | | | | |
| Employer Address: |  | | | | |
| Post Title: |  | | | | |
| Start date (dd/mm/yyyy): |  | | End date (dd/mm/yyyy): (if applicable) | |  |
| Please give a brief description of current duties, responsibilities and achievements: |  | | | | |
| Reason for leaving this post: |  | | | | |
| What is your contractual period of notice? |  | Current Salary: | |  | |

**Previous Employment** (please list all your employment history and continue on an additional sheet if necessary)

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| --- | --- | --- | --- | --- |
| Name and address of Employer | Job Title | Start Date (dd/mm/yyyy) | End Date (dd/mm/yyyy) | Reason for Leaving |
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**Gaps in Employment**

Please indicate and explain any gaps in employment since first leaving secondary education. Include specific dates and be sure to account for all gaps, whatever their length.

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| Dates from: | Dates to: | Reason for gap |
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**Education**

If the post requires a particular qualification, you will be asked to produce original evidence at your interview if shortlisted.

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| Secondary and Further Education (please list in chronological order) | Level | Subjects | Grade/  Result | Year  Obtained |
|  |  |  |  |  |

**Other training and development (including professional, vocational or job-related training)**

|  |  |
| --- | --- |
| Title and brief description of course | Date |
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**Membership of Professional Associations or Statutory Body**

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| --- | --- | --- | --- | --- | --- | --- |
| Organisation Name | Level of Membership/Role/Registration No. (if applicable) | | Registration Date | | | |
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|  |  | |  | | | |
| Are you subject to any conditions or prohibitions placed on you by any statutory body in the UK.  \*If Yes – please provide details in a sealed envelope and attach with this form | | Yes\* | |  | No |  |

**Reasons for applying for this post**

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| Are you licensed to drive any of the following? | Private Car |  | Motor Bike |  | PCV |  | Other (give details) | | |  | |
| Please confirm whether this will be your only employment? | | | | | | | Yes |  | No\* | |  |
| \* If no, provide details including days and hours worked and whether full- or part-time: | | | | | | | | | | | |
| If you are related to anyone in this organisation please provide details below: | | | | | | | | | | | |

1. **Enhanced DBS Check:**

All posts defined as “regulated activity” are subject to an Enhanced DBS check so that any criminal background (including “spent” convictions, bind-over orders or cautions) is disclosed to the organisation. We cannot employ someone to this post without this check. If you are successful in applying for this post we will ask the DBS for a Disclosure.

The position for which you are applying involves contact with vulnerable groups. It is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). For this position you are not entitled to withhold information about police cautions, bind-overs, or any criminal convictions that would otherwise have been considered “spent” under the Act.

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| --- | --- | --- | --- | --- | --- |
| **Have you ever been convicted of any offence, been bound-over, or given a caution? (see notes above)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | YES\* |  | NO |  | (tick whichever is appropriate) |   \****If yes, please give details in the space provided below. The information you provide will be treated in confidence.*** |
| **Are you currently the subject of any police investigations following allegations made against you?**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | YES\* |  | NO |  | (tick whichever is appropriate) |   \****If yes, please give details in the space provided below. The information you provide will be treated in confidence.*** |

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| I declare that the information I have given on this form is complete and accurate and that:   * I am not barred or disqualified from working with vulnerable groups, children or young people * I am not subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding Authority, Secretary of State or other regulatory body.   Signed: Print Name:  Date: |

1. **Safeguarding Declaration:**
2. **Agreement to use my data**

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| I hereby freely give my prospective employer Bedspace Resources Ltd consent to use and process my personal data relating to my job application.  **In giving my consent:**  I understand that I can ask to see this data to check its accuracy at any time via a subject access request (SAR).  I understand that I can ask for a copy of my personal data held about me at any time, and this request is free of charge.  I understand that I can request that data that is no longer required to be held, can be removed from my file and destroyed.  I understand that if I am unsuccessful with my application my data will be destroyed after 6 months.  I understand the Data Controller for our Company is Chris Wareing and I can contact them directly if I have any questions or concerns. Their e-mail address is chris.wareing@bedpace.co.uk.  I understand that if I am dissatisfied with how my company uses my data I can make a complaint to the government body in charge (Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or at [www.ICO.org.uk](http://www.ICO.org.uk))  Signed: Print Name:  Date:  I understand that to knowingly give false information or to leave out any relevant information could result in:   * the withdrawal of any offer of appointment, or * my dismissal at any time in the future, and possible criminal prosecution   Signed: Print Name:  Date: |

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| **PLEASE RETURN THIS FORM TO**:  HR Department, Bedspace Resource Ltd, 473 Chester Road, Stretford, M16 9HF.  [**careers@bedspace.co.uk**](mailto:careers@bedspace.co.uk) |