# Application for Employment

Private and Confidential

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| Return this form to: |  | CLOSING DATE: |
| **recruitment@uptonvale.org.uk** |  | **Friday, 17 January 2025** |
| Position Applied for: |  |  |
| **Systems and Office Assistant** |  |  |

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| Personal Details | | |
| Name | Title: |  |
| Forename(s): |  |
| Surname: |  |
| Contact Information | Address: |  |
| Post Code: |  |
| Email: |  |
| Tel No. (Home): |  |
| Tel No. (Mobile): |  |
| N.I Number: |  |

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| Current Driving Licence | | | | | | |
|  | Yes: |  | No: | |  |  |
| Groups: | | |  | | |
| Expiry Date: | | |  | | |
| Details of Endorsement(s): | | |  | | |

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| Are there any restrictions on you taking up Employment in the UK? | | | | | |
|  | Yes: |  | No: |  |  |
| If Yes, please provide details: | | |  | |

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| **EDUCATION** (please complete in full and use a separate sheet if necessary) | | |
|  | Schools/College/University Names | Qualifications Gained |
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| Employment History (please complete in full and use a separate sheet if necessary) | | |
| Last/Current Employment | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |
| Notice Period: |  |
| Please explain any gaps in employment if this employment did not immediately follow your previous employment. |  |
| Previous Employment #2 | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |
|  | Please explain any gaps in employment if this employment did not immediately follow your previous employment. |  |
| Previous Employment #3 | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |
| Please explain any gaps in employment if this employment did not immediately follow your previous employment. |  |

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| Current Membership of Professional bodies (i.e. CIPD, NMC) | |
|  | Please note any professional bodies you are a member of or registered with: |
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| Professional Registration Number (where applicable) | | |
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| Other Employment | |
|  | Please note any other employment that you would continue with if you were to be successful in obtaining the position: |
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| Leisure | |
|  | Please note here your leisure interests, sports and hobbies, other pastimes, etc: |
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| References (please note here two persons from whom we may obtain both character and work references) | | | |
| Reference #1 | Title: | |  |
| Forename(s): | |  |
| Surname: | |  |
| Address: | |  |
| Post Code: | |  |
| Contact No. | |  |
| email (if applicable): | |  |
| Position Held | |  |
| Reference #2 | Title: |  | |
| Forename(s): |  | |
| Surname: |  | |
| Address: |  | |
| Post Code: |  | |
| Contact No. |  | |
| email (if applicable): |  | |
| Position Held |  | |

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| General Comments |
| Please detail here your reasons for this applying for this role, your main achievements to date, and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the Person Specification). Candidates are invited to submit online links of previous creative/worship projects relevant to this application. |
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| Cautions, Rehabilitations and Criminal Records |
| The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provide that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website. 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, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application. In addition, you are required to submit to a Disclosure and Barring check. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential.  Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required). If YES, please give details below: |
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| Data Protection |
| 1. We are aware of our obligations under data protection legislation, including the obligation to collect only the data that is required for our specific purpose. The information collected in this application form is specific to our recruitment exercise and necessary for the performance of the role that you have applied for. If you are recruited for the role you have applied for, or any other role you are offered by us, the information provided will then be used for the purposes of your employment with us, together with further information collected upon recruitment for those purposes. 2. We will treat all personal information about you with utmost integrity and confidentiality. Our data protection policy sets out our approach to ensuring that your data is processed in line with the data protection principles within current data protection legislation.      1. You can view the Privacy Notice via the following link: [www.uptonvale.org.uk/jobvacancies](http://www.uptonvale.org.uk/jobvacancies) |
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| Declaration (please read this carefully before signing this application) | | | |
| 1. I confirm that the information provided in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. 3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service for a Disclosure and Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated. | | | |
| Signed: |  | Date: |  |