

EMPLOYMENT APPLICATION FORM

FYLDE COMMUNITY LINK LIMITED

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
			Postcode:
Email:			
Contact Tel. No:			Mobile phone:
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			
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			
Are you willing to work overtime and weekends if required?			YES/NO
Please give details of any hours which you would not wish to work:			
Have you any convictions (including spent convictions)			YES/NO
If YES, please give full details			
You may be required, if offered employment, as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment?			YES/NO
Have you ever worked for this Organisation before?			YES/NO
If YES, please give full details			
Have you applied for employment with this Organisation before?			YES/NO
Do you need a work permit to take up employment in the UK?			YES/NO
How much notice are you required to give to your current employer?			

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list any foreign languages spoken and the level of competence:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

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

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand that if I am offered employment I must apply for a Disclosure under the Police Act 1997, and that any offer of employment is subject to a satisfactory Disclosure. I declare that I have no reason to believe that the contents of any such Disclosure would contain anything that would prevent me from working with vulnerable people.

I understand these details will be held in confidence by the Organisation, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:
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REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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PLEASE RETURN FORM TO:

**Administration Manager
Fylde Community Link Ltd
19 Church Road
Lytham
Lancashire
FY8 5LH**

PRIVATE & CONFIDENTIAL

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 Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which are “spent” under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Fylde Community Link Limited. Any information will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

If the answer to any of the following questions is yes please give details:

1. Have you ever been convicted or found guilty of any offence by any Court even if you were only put on probation or conditionally discharged or bound over?

2. Have you had any summons against you or any charge brought against you in respect of any offence which has not been disposed of?

You are bound to inform the Executive Committee if you are convicted of any criminal offence while employed by Fylde Community Link Limited, except for parking offences which give rise to a fixed penalty under the Road Traffic Regulations 1967 (or any amendment or replacement thereof) e.g. Parking Tickets

Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

Signature:	Date:
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