**Application for Employment**

*The information you supply on this form will be treated in confidence.*

|  |  |
| --- | --- |
| Thank you for considering job opportunities with Voluntary Action East Renfrewshire SCIO. Please complete all sections on this form and return to [Julie.kirkwood@va-er.org.uk](mailto:Julie.kirkwood@va-er.org.uk). If you have any questions about this post or the application form, please email [hello@va-er.org.uk](mailto:hello@va-er.org.uk) or call 0141 876 9555. | |
| **Post Details** | |
| **Post applied for:** |  |
| **Where did you hear about this vacancy?** |  |

|  |  |
| --- | --- |
| **Personal Details** | |
| **Surname:** |  |
| **Initials:** |  |
| **Address and postcode:** |  |
| **Daytime Telephone/**  **mobile phone:** |  |
| **Email address:** |  |
| **National Insurance**  **Number:** |  |
| **Do you hold a current driving licence? Yes / No** |  |
| **Do you need a work permit to work in the UK? Yes / No** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Education and Professional Qualifications** | | | |
| **Name of institution (School/College/ University/training provider)** | Dates from/to | Major or relevant subjects studied/ Examination taken | Results/Grade obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Training and Development** | | | | | | | |
| *Please include any formal and on the job training and courses which can support your application for this role.* | | | | | | Duration of Course and  Date Awarded | |
|  | | | | | |  | |
|  | | | | | |  | |
|  | | | | | |  | |
|  | | | | | |  | |
|  | | | | | |  | |
| **Present Employment (or most recent employment)** | | | | | | | |
| **Name of employer and work location** | | | |  | | | |
| **Job title** | | | |  | | | |
| **Present salary/wage** | | | |  | | | |
| **Date commenced employment (and terminated if relevant)** | | | |  | | | |
| **Period of notice** | | | |  | | | |
| **Reason for leaving** | | | |  | | | |
| **Brief description of duties:** | | | | | | | |
| **Previous Employment (list in order with the most recent employer first)** | | | | | | | |
| Please give details of previous employment with most recent employment first *Continue on a separate sheet if necessary* | | | | | | | |
| **Dates** | | | **Name of employer and work location** | | **Job title and brief outline of your responsibilities** | | **Reason for leaving** |
| **From** | | **To** |  | |  | |  |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |
| **Supporting Statement/ Cover letter** | | | | | | | |
| Please tell us how your experience, skills & training both inside and outside work make your application for this post particularly relevant. Please refer to the job description to aid your supporting statement. *Continue on a separate sheet if necessary.* | | | | | | | |
|  | | | | | | | |
| **REFEREES** | | | | | | | |
| Please provide name, address, telephone number and occupation of 2 referees, 1 of which should be your current employer, if employed. Show relationship as either personal or work.\* | | | | | | | |
| 1) | Full Name: | | | | | | |
|  | Occupation/Relationship: | | | | | | |
|  | Telephone No: | | | | | | |
| 2) | Full Name: | | | | | | |
|  | Occupation/Relationship: | | | | | | |
|  | Telephone No: | | | | | | |
| **DISABILITY** | | | | | | | |
| **All disabled applicants who meet the minimum requirements will be interviewed.**  Do you consider yourself disabled? Yes/no  Description: Double Tick  Please state the nature of your disability:  If you are selected for interview, are there any facilities that may assist you at interview (eg Interpreter for the deaf)? | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DECLARATION** | | | | | |
| I certify that all information contained in this form is true and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal without notice. | | | | | |
| Signature: |  |  | Date: |  |  |
|  | | | | | |

|  |
| --- |
| **Please return this form to:**  **Email:** julie.kirkwood@va-er.org.uk |