

Application for Employment

Section 1 – Position

Position Applied for _____

Full Time Part Time

Available to start _____ (give notice period or actual date)

Have you held this type of role before? **YES / NO**

Section 2 – Personal Details

Title: _____ Surname: _____ Forename: _____

Address: _____

Postcode: _____

Home Tel: _____ Mobile Tel: _____

Email Address: _____

National Insurance Number: _____

Do you have a full current driving licence? YES / NO

Do you have your own transport? YES / NO

Section 3 – Current or Most Recent Employment

Company Name: _____ Type of Business: _____

Line Manager: _____ Job Title: _____ Salary: _____

Address: _____

Postcode: _____

Starting Date: MM / YYYY Notice Period/Leaving Date: MM / YYYY Reason for Leaving _____

Duties and Responsibilities: _____

Company Name: _____ Type of Business: _____

Line Manager: _____ Job Title: _____ Salary: _____

Address: _____

Postcode: _____

Starting Date: MM / YYYY Notice Period/Leaving Date: MM / YYYY Reason for Leaving _____

Duties and Responsibilities: _____

Company Name: _____ Type of Business: _____

Line Manager: _____ Job Title: _____ Salary: _____

Address: _____

_____ Postcode: _____

Starting Date: MM / YYYY Notice Period/Leaving Date: MM / YYYY Reason for Leaving _____

Duties and Responsibilities: _____

Please continue on separate sheets as needed, putting your name at the top and specifying the question you are continuing from.

Section 4 – Education *Please continue on a separate sheet if necessary*

Establishment Attended	Date from	Date to	Qualifications/Assessments/Awards (subjects/results)

Section 5 – Professional Qualifications / Professional Body Membership (Including PIN and Expiry Date where applicable)

Section 6 – Other Qualifications & Courses (Including names, dates and organisations) Continue on a separate sheet if needed.

Section 7 Personal Statement

Please look at the job description and specification for the post and then use this section to best describe what qualities, skills and experience you would bring to this post.

Please make sure that you illustrate, from your previous experience, any of the points you would like to highlight to bring to the attention of the shortlisting panel. This can be from a voluntary, personal or paid work capacity.

Please make sure you have addressed all the areas on the description and specification.

Section 7 Continuation sheet

Section 7 Continuation sheet Continue on a separate sheet if needed.

Section 8 – Disclosure and Barring declarations

Have you ever been convicted of a criminal offence, ever been bound over or cautioned, or are you currently the subject of any police investigations, which might lead to a conviction, an order binding you over, or a caution in the UK or any other country? **YES / NO** (if yes, please provide separate details)

Have you ever been placed on the Protection of Vulnerable Adults register? **YES / NO**
(if yes, please provide separate details) _____

Are you, or have you ever been, the subject of a current complaint or investigation? **YES / NO**
(if yes, please provide details) _____

You will be required as part of the application process to be checked by the Criminal Records Bureau. This post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act.

Section 9 – Work Permit details

Please tick all that apply to you:

I am eligible to work in the UK

I need permission to work in the UK

I am visiting the UK on a working holiday visa

I am required to register with the Home Office to work in the UK

I hold a visa Visa Type _____ I require a work permit

I have a work permit My work permit expires on _____

Section 10 – Disability

Would you describe yourself as disabled? **YES / NO**

If yes, please describe any disabilities (on a separate sheet) and if applicable:

- a) Any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application
- b) Any reasonable adjustments which you feel should be made to the job or environment itself which would enable you to carry out the role

Section 11 – Working Time Directive

If offered this position, do you intend to continue working in any other capacity? **YES / NO**

If yes, please give details on another sheet

Section 12 – Previous Positions

Have you ever been employed by Magic Life? YES / NO

If yes, please give details and reason for leaving

Section 13 – Relationships

Please declare if you are related to, or have a close relationship with Magic Life employees, past or present.

If yes, please provide any names and the capacity in which they are known

Section 14 – References Professional references must be given, friends or relatives are not acceptable references

Referee (1) Present or most recent employer

Contact Person (Must be Manager) _____

Company Name _____

Address: _____

Relationship: _____ Tel: _____

Email: _____

Referee (2) must be previous Employer/Tutor

Contact Person (Must be Manager) _____

Company Name _____

Address: _____

Relationship: _____ Tel: _____

Email: _____

Referee (3) must be previous Employer/Tutor

Contact Person (Must be Manager) _____

Company Name _____

Address: _____

Relationship: _____ Tel: _____

Email: _____

Section 15 – Recruitment Monitoring

To enable us to monitor effectiveness of our recruitment advertising, please indicate how you became aware of this vacancy.

Local Press National Magazine Leaflet Internet
Trade Magazine Recruitment Fair Word of Mouth Job Centre
Recruitment Agency Other _____

Section 16 – Data Protection

The information given on this form will be entered onto a computer and under the terms and conditions of the GDPR May 25th 2018 will be treated in a secure and confidential manner.

Section 17 – Declaration

I certify that the information I have given on this form is true and correct to the best of my knowledge and I understand that the giving of false information or misleading statements or withholding material information may result in disciplinary action including dismissal.

Signed: _____ Date: _____

Equal Opportunity in Employment Monitoring Document

Please return this form with your completed application form.

Name: _____ Job applied for: _____

Date of Birth: _____

The Company is striving towards the achievement of equal opportunity in employment. The Company's policy aims to ensure that no job applicant receives less favourable treatment on the grounds of sexual orientation, disability, sex, marital status, creed, colour, and race or ethnic origin. It also strives to ensure that no person is advantaged by conditions or requirements that cannot be shown to be justifiable.

Equal Opportunities

The Equal Opportunities Commission, Commission for Racial Equality and the Disability Rights Commission strongly recommend that monitoring is effectively carried out. In order for us to fulfil the Equal Opportunities policies we would like you to fill in this form. The information on this form will not be sent with your job application and will be used for statistical monitoring only. If you do not wish to answer, just skip these questions.

I would describe my ethnic origin and gender as:

(Please Tick)

Asian Bangladeshi Black African Mixed White and Asian White British

Asian Indian Black Caribbean Mixed White and Black African White Irish

Asian Pakistani Black Other Mixed White and Black Caribbean White Other

Chinese Other Please Specify _____

Gender

Male Female

Would you describe yourself as having a disability? **YES / NO**

Under the Disability Discrimination Act, a disability is defined as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.

If you do describe yourself as having a disability, please specify any special provision or adaptation you would require in the workplace in order to perform your duties:

Signed: _____ Date: _____