



EMPLOYMENT APPLICATION FORM

Please complete this form in black pen as it will be photocopied.

Please return this form to: Personnel Department, Trent & Dove Housing, Trinity Square, Horninglow Street, Burton upon Trent, Staffordshire DE14 1BL Telephone: 01283 528528 Fax: 01283 528699

Position Applied For

PERSONAL DETAILS

Surname:

Title:

Forename:

Initials:

Address:

Home Telephone No:

May we ring you at work?

YES

NO

Office Telephone No:

Do you have a valid driving Licence?:

YES

NO

EDUCATION AND QUALIFICATIONS

Please give details of your education and qualifications obtained:

Schools/Colleges

From

To

Examinations/Qualifications obtained

Schools/Colleges	From	To	Examinations/Qualifications obtained



Details of Any Further Qualifications / Training Courses or Competencies Obtained

Training / Course

Certificate / Qualification obtained

[Empty box for Training / Course details]

[Empty box for Certificate / Qualification obtained details]

PRESENT EMPLOYMENT (or if unemployed, details of most recent employment)

Job Title:

Present Salary:

Employer Name:

Employer Address:

Start Date:

Finish Date (If not currently employed)

Please give a brief description of your current/most recent job and your responsibilities:

(Continue on a separate sheet if necessary)

[Large empty box for job description with a large green watermark graphic]

To whom do you report?

For which staff are you presently responsible?





Describe your most significant achievements relevant to this post

Please set out any additional information that demonstrates that you meet the Person Specification.
(Use one extra sheet if necessary)

How would a colleague describe you to another professional colleague?





Have you had any serious illness? Yes No

How many days have you had off work due to sickness in the last two years?

Please show below details of absence from work due to sickness (exceeding 1 week) in the last five years.

Please note that any offer of employment that is made may be subject to satisfactory health clearance following a medical examination.

Do you have any criminal convictions (other than those spent under the Rehabilitation of Offenders Act)? Yes No

If yes, please give details:

Details of absence from work due to sickness (exceeding 1 week)

Date from Date to Reason for Absence

Date from	Date to	Reason for Absence





REFERENCES

Please give names and addresses of two people to whom we may apply for references:

Reference 1 (*present or most recent employer*)

Relationship:

Reference 2

Relationship:

If you are shortlisted, may we contact your referees without further reference to you?

Reference 1 YES NO

Reference 2 YES NO

AVAILABILITY

When would you be free to take up a new appointment?

DECLARATIONS

Under the terms of the Asylum and Immigration Act 1996, the Company can only employ people who are entitled to work in the UK. In observing this Act, the Company will need to see at first interview a document which confirms this entitlement. It would also be helpful if you could confirm this entitlement at this stage.

I confirm that I am entitled to work in the UK YES NO

Are you related to any member of the Board YES NO

Are you related to any member of staff? YES NO

If yes, please state the relationship:

I declare that the information provided in this application form is to the best of my knowledge correct and if I am appointed will form part of my contract of employment

Signed:

Date:

DATA PROTECTION ACT 1998.

This form will be kept on the file of successful candidates. Forms received from candidates who are not successful will be kept for monitoring purposes for a period of 12 months.

We shall comply with the provisions of the Act.



ADDITIONAL INFORMATION

To support your application



**TRENT AND DOVE HOUSING LIMITED
EQUAL OPPORTUNITIES MONITORING FORM**

The Company operates policies designed to ensure that all applicants receive equal treatment, regardless of their ethnic origin, sex or physical disability. To enable the Company to monitor whether its policy is fully carried out, will you please provide the following information. ***This information will not affect your application***, and if you would prefer not to answer the questions this view will be respected.

Position Applied For:

Date of Birth

My sex is

Male

Female

DISABILITY

Do you consider you have a disability?

Yes

No

Where did you see this position advertised?

Continued Overleaf...

ETHNIC ORIGIN*

I would describe my ethnic origin as (please *tick one box*):

British - White
 Irish - White
 Other White Background *(Please Specify)*

White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed background *(please Specify)*

Caribbean
 African
 Any other Black Background *(please specify)*

Indian
 Pakistani
 Bangladeshi
 Any other Asian Background *(please specify)*

Chinese
 Any other background *(please specify)*

**Ethnic origin refers to a 'racial group' defined by the Race Relations Act 1976 as a group of persons described by reference to colour, race, nationality or ethnic or national origin.*

PLEASE RETURN THIS FORM WITH YOUR APPLICATION

ADDITIONAL INFORMATION

To support your application

OFFICIAL USE ONLY - DETACH ALONG PERFORATION



**Trinity Square, Horninglow Street,
Burton upon Trent, Staffordshire, DE14 1BL.
Telephone: 01283 528528
Facsimile: 01283 528699**