



EMPLOYMENT APPLICATION FORM

AGE UK SOUTH LAKELAND

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:			

Home Tel. No.:	Mobile Tel. No.:
Email Address:	

Full Driving Licence:	YES	NO	Driving Licence Number:	
Do you have a car to get to work:	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 both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Charity's Disclosure & Barring Service Code of Practice is available on request.)	YES	NO
If YES, please give full details		
Have you been removed from any Professional register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	YES	NO
If YES, please give full details		
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?	YES	NO
Have you ever worked for any other Age UK/Concern?	YES	NO
If YES, please give full details		
Have you previously applied for employment with Age UK South Lakeland?	YES	NO
Do you need a work permit to take up employment in the U.K.?	YES	NO
How much notice are you required to give to your current employer?		

DBS REQUIRED

EDUCATION

Schools, College, University or Adult Education	From	To	Examinations/Courses and Results
Further Formal Training (including job related training courses)	From	To	Diploma/Qualification
Please give details of membership of any technical or professional associations:	Date	Subject	

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:			
Reason for Leaving:			
Length of Service:	From:	To:	

DBS REQUIRED

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first. Please continue on a separate sheet if required.

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

ROLE REQUIREMENTS

The person specification lists the essential criteria necessary for doing this job. Please show how you meet each requirement, in the same order as they appear on the person specification. You need to be specific about the experience, skills or knowledge, giving evidence and actual examples to support your case wherever possible. *(Please use an additional sheet if required)*

DBS REQUIRED

ROLE REQUIREMENTS (Continued)

DBS REQUIRED

SUPPLEMENTARY INFORMATION, INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths including hobbies, sports, club memberships.

DISCLOSURES

Given the nature of the job to which I have applied, I understand that any offer of employment will be subject to information on my criminal record and POVA listing being disclosed to the Charity by the Disclosure and Barring Service. (The Protection of Vulnerable Adults list was created to act as an addition to standard Disclosure and Barring Service (DBS) checks in order to stop known abusers from working with vulnerable adults). I have been given a copy of the Charity's Equal Opportunities Statement.

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 these details will be held in confidence by the Charity, 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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