



Post Applied
for:

Interview
Date:

JOB APPLICATION FORM

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N°:

National Insurance N°:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N°:

Mobile Telephone N°:

E-mail address:

Can we contact you at work?

Yes

☐

No

☐

Are you free to remain and take up employment in the UK
with no current immigration restrictions?

Yes

☐

No

☐

Driving License – if relevant to post applied for.

Do you hold a full, clean driving license valid in the UK?

Yes

☐

No

☐

If you are successful, you will be required to provide relevant
evidence of the above details prior to your appointment.

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

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Continue on a separate sheet if necessary

Period of Notice:

Last day of service

(If no longer employed):

Reason for leaving:

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Section 3 Previous Employment

Most recent employer first

Name of Employer:

Address:

Postcode

Date to & from:

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Position Held:

Summary of duties:

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Reason for leaving:

--

Continue on a separate sheet if necessary

Name of Employer:

Address:

Postcode

Date to & from:

Position Held:

Summary of duties:

Reason for leaving:

Continue on a separate sheet if necessary

Section 4 Qualifications and Training

Please give details of any qualifications or non-qualifications that you hold, that support your application. Also give details of any other training or development that you feel is relevant to the post you have applied for.

Title of Qualification/Training Course	Course Details (duration and where this was completed)	Date Achieved

Are you a member of any Professional Associations? If so, please state level of Membership:

Continue on a separate sheet if necessary

Section 5 Personal Statement

Abilities, skills, knowledge and experience.

Explain in detail how you meet the requirements of the position you have applied for. Please also use this section to detail any other relevant experience you may have:

Continue on a separate sheet if necessary

Section 6 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are spent or unspent Yes ☐ No ☐

If yes, please give details / dates of offence(s) and sentence:

Section 7 Protecting Children and Vulnerable Adults

The following information will be required for the post you are applying for.

Enhanced Checks Only

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes ☐ No ☐

Section 8 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes ☐ No ☐

If yes, please give details:

Should you be invited to interview, do you require any special arrangements to be made? If yes, please give details:

Section 9 References

Please give the names and email addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? Yes ☐ No ☐

Are you willing for this referee to be approached prior to the interview? Yes ☐ No ☐

Section 10 Declaration

Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge.
- all questions relating to me have been answered fully and accurately.
- I possess all the qualifications which I claim to hold.
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed:	<input type="text"/>	Date:	<input type="text"/>
	<input type="text"/>		

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM

Local Lanarkshire Care
5 Saline Street
Airdrie
ML6 9BE

By E-Mail: recruitment@local.lanarkshire.care

Telephone: 01236 808888

Thank you for your interest in this post.