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# APPLICATION FOR EMPLOYMENT

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| --- | --- |
| JobTitle: |   |

**IMPORTANT NOTES: Please read the following notes before completing the form:**

SNAPS welcomes applications from individuals representing all parts of the community, and for all job types, including full-time, part-time and job sharing. Thank you for your interest in the above post.

⏺ Read the relevant information, particularly the Job Description and Person Specification before completing the form.

⏺ You can type directly onto the form.

⏺ Give all the information you can about yourself and tell us why you think you are suitable for the job

⏺ Return by email: lucy@snapsyorkshire.org or by post: Lucy Owen, SNAPS, 42 Ridgeway, Leeds, LS20 8JA

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Your full name and postal address  | Telephone Numbers Day: Evening: Mobile: |
| Email: |

**REFERENCES**

|  |
| --- |
| We will take up references if you are shortlisted, unless requested otherwise. Please give names and addresses of two referees who know you well enough to comment on your suitability for the post. One of them must be your present or most recent employer. Please state in which capacity you know each referee. **An offer of employment will not be made until satisfactory references have been received.** |
| Give your former name if different from that above, to ensure we are asking for the correct reference. | Your Former Name and Job Title (if applicable) |

|  |  |  |
| --- | --- | --- |
| NAME OF REFEREEAnd JOB TITLE or STATUS (e.g. teacher, friend)  | ADDRESS FOR CONTACT | MAY WE APPROACH THEM BEFORE INTERVIEW? |
| Name:Status:Tel No:E-mail: |  |  | YES |  |
| NO |  |
| Name:Status:Tel No:E-mail: |  |  | YES |  |
| NO |  |

**EDUCATION AND QUALIFICATIONS**

Please give details of your education and qualifications.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EDUCATION AND QUALIFICATION DETAILS | RESULTS/GRADESOBTAINED | WHERE OBTAINED | HOW OBTAINED(FULL TIME)(PART TIME)(CORRESPONDENCE) | DATEFROM | DATETO |
|  |  |  |  |  |  |

**PROFESSIONAL QUALIFICATIONS/MEMBERSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| QUALIFICATION/PROFESSIONAL BODY | LEVEL | DATE ATTAINED | CURRENTMEMBERSHIPSTATUS |
|  |  |  |  |

**TRAINING AND DEVELOPMENT**

List all training courses undertaken including practical, in-house, commercial and special training courses. Include any apprenticeships, training schemes, evening classes and adult education.

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| --- | --- | --- | --- | --- | --- |
| COURSE AND TRAINING DETAILS | RESULTS/GRADESOBTAINED | WHERE OBTAINED | HOW OBTAINED(FULL TIME)(PART TIME)(RESIDENTIAL) | DATEFROM | DATETO |
|  |  |  |  |  |  |

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| Do you have a current full driving licence?  |

**LANGUAGE SKILLS**

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| Which languages other than English do you speak and/or write?  |
|  |  | Speak | Write |  | Speak | Write |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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**EMPLOYMENT HISTORY**

**CURRENT (most recent) EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYER’S NAME AND ADDRESS | POSITION HELD | DATE | REASON FOR WISHING TO LEAVE |
| FROM | TO |
|  |  |  |  |  |
| TelNo |  | Salary |  | Hours worked |  |
| Brief note of Duties and Responsibilities: |
|  |  |

**PREVIOUS EMPLOYMENT**(continue on a separate sheet if necessary and attach)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER’S NAME AND ADDRESS | POSITION HELD | F/T OR P/T HRS | SALARY/WAGE | DATEFROM | DATETO | REASON FOR LEAVING |
|  |  |  |  |  |  |  |

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| Under the requirements of the Asylum and Immigration Act, are you currently eligible to work in the UK? | YES |  | NO |  |  |
|  |

**SUPPORTING INFORMATION** Tell us why you are the person for the job - Use the space below to show you have the skills, knowledge and experience we are looking for (as described in the Job Description and Person Specification). Don’t forget to include details of home-based work, work in the community or with voluntary groups, and your leisure interests to support your application. Please keep your supporting information to a maximum of 2 pages (minimum font size 11) – don’t worry if it is less.

**SUPPORTING INFORMATION**(Continue if needed)

Where did you hear about this job?

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| I confirm that to the best of my knowledge the information provided in this form is correct and gives a true representation of my qualifications and employment historySigned Date Note - emailing this form to us counts as a signature |

# EQUALITY AND DIVERSITYMONITORING

We seek to employ a workforce which reflects the communities we serve and are committed to providing equality of access to employment for people from all parts of those communities. All applications will be considered on merit. To ensure this policy is carried out effectively, please provide the information requested on this page. It will be used for administrative and monitoring purposes only and will be confidential. Please keep this sheet separate from your application and send as a separate email attachment to lucy@snapsyorkshire.org

|  |
| --- |
| **ETHNIC CLASSIFICATION**I would describe myself as (Please Tick): |
| White | English |  |
| Scottish |  |
| Welsh |  |
| Irish |  |
| Any Other White |  |
| Mixed | White & Black Caribbean |  |
| White & Black African |  |
| White & Asian |  |
| Any Other Mixed |  |
| Asian or Asian British | Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Kashmiri |  |
| Any Other Asian |  |
| Black or Black British | Caribbean |  |
| African |  |
| Any Other Black |  |
| Other Ethnic Groups | Chinese |  |
| Gypsy / Traveller |  |
| Roma |  |
| Any Other Ethnic Group |  |

|  |
| --- |
| **YOUR PERSONAL DETAILS** |
| Date Of Birth |  | Age |  |
| At birth were you described as: |
|  Male  |  | Female  |  |
| Intersex |  | Prefer not to say |  |
| Which of the following describes how you think of yourself: |
| Male |  | Female |  |
| In another way (please state) |  |
| National Insurance Number |
|  |  |  |  |  |  |  |  |  |

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| **DISABILITY**The Disability Discrimination Act (1995), defines a person as having a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. Do you consider yourself to have a disability as defined above? Yes/NoAre there any arrangements you would like us to make if you are interviewed?  |

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| **SEXUALITY**How would you describe your sexual orientation?(Definitions for these terms are below) |
| **Heterosexual:** Someone who is attracted to persons of the opposite sex, emotionally or physically.**Gay man:** A man who is attracted emotionally or physically to other men.**Lesbian:** A woman who is attracted emotionally or physically to other women.**Bisexual:** Someone who is attracted to both sexes, emotionally or physically. |

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| Please list all criminal convictions that are not considered “spent”. Advonet will conform to the rehabilitation of Offenders Act 1974 |
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