

**Application for Employment**

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| --- | --- |
| Post Title |  |
| Section |  |

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| --- |
| **Please study the enclosed Job Description before completing this application form** |

**Section A: Personal Details**

|  |  |  |
| --- | --- | --- |
| Surname | Forenames | Previous Names (if any) |
| Address          Postcode | | |
| Home tel. | Mobile | Work (if convenient) |
| E-mail: | | National Insurance Number |

**Driving Licence**

|  |  |
| --- | --- |
| Do you hold a full current driving license? (please tick) | Yes  No |
| If yes, do you have any endorsements? | Yes  No |
| Give details |  |

**Relationship to NHC**

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| --- |
| If you have ANY relationship with any Senior Officer or Board Member of the Consortium, please state the name(s) and nature of the relationship(s) |
|  |

**Your right to work in the UK**

|  |  |
| --- | --- |
| Are there any restrictions which might affect your right to take up employment in the UK? | Yes  No |
| If yes, please give further detail | |

**Sickness**

|  |  |
| --- | --- |
| How many days sickness have you had in the last 2 years? | Days |

**Section B: Qualifications and Experience**

Please try to provide as much information as possible; this will help us determine your suitability to the post.

**Current employment**

Please tell us about your most recent current employment.

|  |  |
| --- | --- |
| Job Title | Dates of employment |
| Employer | Current salary |
| Address | To who do you report (Job Title) |
| What staff report to you? |
| Main duties | |
| Reason for leaving | |
| Period of notice required | |

**Previous employment**

Please detail all your previous employment, starting with most recent first.

(Please use an additional sheet if required)

|  |  |  |  |
| --- | --- | --- | --- |
| Employer & Job Title(s)  (with full address(es) | Earnings | Date of Employment  From To | Reason for Leaving |
|  |  |  |  |

**Education, training and qualifications**

|  |  |  |
| --- | --- | --- |
| Secondary School/ College/ University | Certificates/Qualifications | Grade |
|  |  |  |

**Training Courses and Professional/Vocational Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Institute or Course Organiser | Qualification | Attended | Grade |
|  |  |  |  |

**Section C**

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| Please refer to sections 1, 2, 3 & 4 of the job description and outline any relevant experience in support of your application |
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**Section D: Further Information**

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| Please provide any further information you would like to give in support of your application. |
|  |

**Section E: Disabilities**

The following questions ask for information about any disability which may affect either the recruitment process or job performance, so we can consider what adjustments might be needed to give you equality of opportunity. Applicants who declare a disability will be given equal consideration.

|  |
| --- |
| Do you consider yourself to have a disability? Yes  No  You may if you wish use this space to describe your disability: |

|  |
| --- |
| In the event that you are shortlisted, is there anything we need to know about you in order to offer you a fair selection interview (e.g. accessible premises, signer, interpreter, etc?) |

**Section F: References**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please give the name, address and occupation of two independent references from whom we may seek information regarding your suitability for employment. If you are currently in employment, one of the referees should be your existing employer. | | | | | |
| **Reference 1** | | | **Reference 2** | | |
| Name |  | | Name |  | |
| Company |  | | Company |  | |
| Address |  | | Address |  | |
| Postcode |  | | Postcode |  | |
| Phone |  | | Phone |  | |
| Email |  | | Email |  | |
| Relationship |  | | Relationship |  | |
| Job Title |  | | Job Title |  | |
| May we contact prior to Interview? | | Yes  No | May we contact prior to Interview? | | Yes  No |

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| --- |
| Please state where you saw this job advertised: |

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| **Note:** If you canvas any Senior Officer or Board Member of the Consortium either directly or indirectly for this appointment, or if you fail to disclose a relationship or knowingly provide false information on this form, you will be disqualified from appointment, and if already appointed, you will be liable for dismissal without further notice. |

To the best of my knowledge and belief, the information given on this form is correct and complete.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

Please send completed application forms to [enquiries@northern-consortium.org.uk](mailto:enquiries@northern-consortium.org.uk) or Northern Housing Consortium, Loftus House, Colima Avenue, Sunderland Enterprise Park, Sunderland, SR5 3XB

**Data Protection:** The information provided on this form will be used by us for the purposes of assessing your application and, if your application does not result in you being employed by us, will be retained only for so long as is necessary. If you are employed by us, the information will form part of your personnel file and may be processed for any purpose in connection with your employment