

Application for Employment

Position applied for:

Location of post:

Day shifts or night shifts (where applicable to post)

If applying for nurse position please state: Pin number Expiry Date

Your details

Surname: Initial(s):

N.I. Number:

Address:

 Postcode:

Telephone: *Home* Telephone: *Work*

Mobile: Email:

Do you have a current full UK driving license Yes No *(Please tick the answer which applies to you)*

Are you entitled to work in the UK Yes No *(Please tick the answer which applies to you)*

Would you require work permit sponsorship to work for Viewpoint Housing Association Yes No

Current employment details

Name & address of present or most recent employer

Job Title

Length of Employment

Reason for seeking alternative employment or for leaving

Current salary

Notice period:

Please summarise your main duties and responsibilities in the above job.

Please continue on a separate sheet of paper if necessary

Previous Employment Details: Most recent first

Please provide details of your previous employment, starting with the most recent job and include details of any gaps in employment history. Please include any voluntary, home based or part time work.

| Name & Address of Employer | Job Title & Nature of Job | From (Month/Year) | To (Month/Year) | Reason for leaving |
|----------------------------|---------------------------|-------------------|-----------------|--------------------|
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Disability

The Association welcomes application forms from people with disabilities and is committed to interviewing all applicants with a disability who meet the essential requisites for this post. It is recognised that disabled people are not those whose disability is immediately apparent (e.g. blind people or those in wheelchairs) but also those whose disability is not immediately obvious (e.g. heart trouble, mental illness or diabetes).

Do you consider yourself to have a disability?

Yes

No

Do you wish to be considered under this particular scheme?

Yes

No

Please continue on a separate sheet of paper if necessary

Education, Qualifications and Training

Please give details of your education, qualifications and training relevant to the job or any training that you are currently undergoing.

| From | To | Name & Address of School/ College/University | Full/ Part Time | Qualifications Certificates Apprenticeships Modules and Grades obtained | Dates Awarded |
|------|----|---|-----------------------|---|------------------|
| | | | | | |
| | | | | | |
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Other courses/specialist training or skills relevant to the post

| From | To | Details of course | Full/ Part Time | Qualifications, training, skill achieved | Dates Awarded |
|------|----|-------------------|-----------------------|--|------------------|
| | | | | | |
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Other information in support of your application

Please give details of any skills, knowledge or experience you feel are relevant to your application. This does not have to be related to paid employment; it may be related to voluntary or unpaid work, managing a household or any other activity. Please also use this section to explain why you are interested in the position. You should refer to the job description and person specification enclosed.

Please continue on a separate sheet of paper if necessary

References

- Please give details of **2** employment referees, one of which **must** be your current or most recent employer.
- In the case of school/college leavers details of **2** referees are still required. However these referees, if necessary, can both be academic or a combination of academic and employment.
- Referees may be contacted at any time by us and you should indicate below if you wish to be notified before we contact them.
- Relatives are not acceptable as referees

| | Referee 1 | Referee 2 |
|--------------------------------|--|--|
| Referee Name | <input type="text"/> | <input type="text"/> |
| Job Title | <input type="text"/> | <input type="text"/> |
| Name of organisation & address | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| Telephone number | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |
| Contact you before approaching | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Declaration

I confirm that I have read all the information on this application form and the additional sheets and also confirm that all the details given on this form and all other forms issued for return are correct. I understand that any false information provided could lead to dismissal.

Signed:

Date:

Please sign.

Please return this application to the address marked below.

**Human Resources Team
Viewpoint Housing Association Ltd
4 South Oswald Road
Edinburgh
EH9 2HG**

Tel: 0131 668 4247

Housing and Care of the Highest Quality