

CONFIDENTIAL
**JOB APPLICATION
FORM**



Please complete all sections of the form using black ink or type. If submitting this form electronically, please mark all tick box questions with an 'X' to certify your selection. Please note we do not accept CV's on their own.

TITLE OF POST APPLIED FOR:

CLOSING DATE:

REF (OFFICE USE ONLY):

 /

PERSONAL DETAILS

NAME:

ADDRESS:

POSTCODE

STD TELEPHONE No (HOME):

STD TELEPHONE No (WORK):

MOBILE TELEPHONE No:

EMAIL ADDRESS:

CAN YOU BE CONTACTED AT WORK?

 YES NO

WHERE DID YOU SEE THE ADVERTISEMENT FOR THIS JOB? (If a newspaper/website please state which one)

It is essential that the Trust's employees are trustworthy as many have contact with members of the public, including access to their property. Please give any details of any criminal convictions you have, excluding 'spent' convictions under the Rehabilitation of Offenders Act. A conviction will not necessarily disqualify you from consideration. If you have no criminal convictions please write 'none'.

Are you related to any employee of WVHT, or the Board?

 YES NO

If so, please provide details:

Please return the completed form to:
**HR Team, Weaver Vale Housing Trust, Rudheath Way,
Gadbrook Park, Northwich, Cheshire CW9 7LL**

Contact No's:
**Tel: 01606 813 300
Fax: 01606 813 304**

CONFIDENTIAL
**EQUALITY
MONITORING FORM**



Please complete all relevant questions on this form. This information is confidential and will be retained by the HR Team for monitoring purposes only. This section will not be passed onto those making a selection decision. For further details please refer to the guidance notes.

SURNAME:	<input type="text"/>			
FORNAME(S):	<input type="text"/>			
POST APPLIED FOR:	<input type="text"/>			
GENDER:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> TRANSGENDER MAN	<input type="checkbox"/> TRANSGENDER WOMAN
DATE OF BIRTH:	<input type="text"/>			
NATIONALITY:	<input type="text"/>			
MARITAL STATUS:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> CO-HABITING	<input type="checkbox"/> CIVIL PARTNERSHIP

ETHNIC ORIGIN

WHITE:	<input type="checkbox"/> BRITISH		<input type="checkbox"/> IRISH					
	<input type="text"/> OTHER (DETAILS)							
BLACK OR BLACK BRITISH:	<input type="checkbox"/> CARIBBEAN		<input type="checkbox"/> AFRICAN					
	<input type="text"/> OTHER (DETAILS)							
MIXED:	<input type="checkbox"/> WHITE & BLACK CARIBBEAN		<input type="checkbox"/> WHITE & BLACK AFRICAN					
	<input type="checkbox"/> WHITE & ASIAN		<input type="text"/> OTHER (DETAILS)					
ASIAN OR ASIAN BRITISH:	<input type="checkbox"/> INDIAN		<input type="checkbox"/> PAKISTANI					
	<input type="checkbox"/> BANGLADESHI		<input type="text"/> OTHER (DETAILS)					
CHINESE OR OTHER ETHNIC:	<input type="checkbox"/> CHINESE		<input type="text"/> OTHER (DETAILS)					
RELIGION/FAITH:	<input type="checkbox"/> CHRISTIAN		<input type="checkbox"/> BUDDHIST		<input type="checkbox"/> HINDU			
	<input type="checkbox"/> JEWISH		<input type="checkbox"/> MUSLIM		<input type="checkbox"/> SIKH			
	<input type="text"/> OTHER (DETAILS)				<input type="checkbox"/> NO FAITH			
SEXUAL ORIENTATION:	<input type="checkbox"/> HETROSEXUAL		<input type="checkbox"/> GAY		<input type="checkbox"/> LESBIAN		<input type="checkbox"/> BISEXUAL	

DISABILITY

The Disability Discrimination Act protects employees, job applicants and contract workers who fall within the new definition of disability. The Act defines disability as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities. Long term is taken to mean lasting for a period greater than twelve months or where the total period is likely to last at least twelve months. This definition includes people with heart disease, diabetes, epilepsy, severe disfigurement, depression, schizophrenia, down's syndrome, dyslexia, for example. For further information please refer to the guidance notes enclosed with your recruitment pack.

Do you consider yourself to be disabled within the definition of the Disability Discrimination Act?

YES

NO

IF YOU WISH, PLEASE PROVIDE DETAILS

If you wish please give further details here of any equipment or support you may need because of your disability to carry out the duties described in the job description or during the interview selection process. This may include any special consideration for access.

ADDITIONAL DETAILS

I hereby give my consent to Weaver Vale Housing Trust to record and process my personal information and sensitive personal data in line with the terms of the Data Protection Act and all other legislative provisions. My consent is conditional upon Weaver Vale Housing Trust complying with their legal duties and obligations relating to the recording and use of this information.

I understand that if I have sent this application form via e-mail it will automatically be deemed that I have provided my consent.

SIGNED

DATE

OFFICE USE ONLY:

**Please detach pages 1 - 4 prior to shortlisting
and retain in the HR section for monitoring purposes.**

TITLE OF POST APPLIED FOR:

POST REF (OFFICE USE ONLY):

PRESENT EMPLOYER (OR MOST RECENT) Please give details of present job or jobs held if more than one

JOB TITLE:

EMPLOYER:

ADDRESS AND POSTCODE:

DATE APPOINTED:

PRESENT WAGE/SALARY:

LEAVING DATE:

START DATE AVAILABLE:

IF WORKING, WHAT NOTICE PERIOD DOES YOUR EMPLOYER REQUIRE:

BRIEF SUMMARY OF DUTIES:

PAST EMPLOYMENT

Please give details of all jobs held (including work experience, part-time and vacation jobs). Please include any breaks in employment. Start with your most recent job.

EMPLOYERS NAME, ADDRESS & POSTCODE	BUSINESS TYPE	EMPLOYMENT DATE FROM/TO	JOB TITLE	BRIEF DESCRIPTION OF DUTIES	REASON FOR LEAVING

PAST EMPLOYMENT (continued)

EMPLOYERS NAME, ADDRESS & POSTCODE	BUSINESS TYPE	EMPLOYMENT DATE FROM/TO	JOB TITLE	BRIEF DESCRIPTION OF DUTIES	REASON FOR LEAVING

EDUCATION AND TRAINING

Please give details of schools and colleges attended from age eleven. Please also include any other qualifications you have or Membership of any relevant associations. Start with your most recent first.

NAME OF QUALIFICATION OR MEMBERSHIP OF ASSOCIATION	GRADE/LEVEL ATTAINED	DETAILS OF STUDY (e.g. full time/part time)	DATE STARTED	DATE COMPLETED

IMPORTANT

Any certificates detailed above will need to be produced at the interview stage. Failure to provide these may result in your application not proceeding to the next stage of the recruitment process.

SUPPORTING INFORMATION

Please write why you are applying for the job, concentrating on how your experience, training and personal qualities match the requirements of the person specification. Please include any skills, knowledge and experience that you have gained through voluntary or unpaid work, community activities or through domestic and family experience, which you think may be relevant to the requirements of the job. Please continue on a separate sheet if necessary. For further details please see the attached guidance notes.

IMPORTANT: PLEASE NOTE WE DO NOT ACCEPT C.V.'s ON THEIR OWN.

A large white rectangular area with horizontal dashed lines, intended for writing supporting information. The lines are evenly spaced and run across the width of the area.

REFERENCES

Please provide two referees, one of which should, if you are in work, be your present employer. The second should preferably be a previous employer.

NAME:

RELATIONSHIP TO YOU:

JOB TITLE:

COMPANY NAME, ADDRESS
AND POSTCODE:

STD. TELEPHONE No:

EMAIL ADDRESS:

IS THIS PERSON A PRESENT OR PREVIOUS EMPLOYER?

YES

NO

NAME:

RELATIONSHIP TO YOU:

JOB TITLE:

COMPANY NAME, ADDRESS
AND POSTCODE:

STD. TELEPHONE No:

EMAIL ADDRESS:

IS THIS PERSON A PRESENT OR PREVIOUS EMPLOYER?

YES

NO

OTHER INFORMATION

DO YOU HAVE A CURRENT, FULL UK DRIVING LICENCE?

YES

NO

IF YES, TYPE OF LICENCE?

ARE YOU ELIGIBLE TO WORK IN THE UK AND CAN YOU PROVIDE PROOF

(For details on what proof is required please see the attached guidance notes)

YES

NO

HOW MANY DAYS SICKNESS ABSENCE HAVE YOU TAKEN DURING THE LAST 2 YEARS?

ON HOW MANY OCCASSONS HAVE YOU TAKEN SICKNESS ABSENCE DAYS?

I certify that the details on all pages of this form are true to the best of my knowledge and understand that a false declaration or relevant omission could result in my subsequent dismissal.

SIGNED:

DATE:

If submitting this form electronically, please mark the box with 'X' to certify the above.