APPLICATION FOR EMPLOYMENT

(Please use black ink or typescript)

POSITION/S APPLIED FOR:

Surname	**Forename(s)**	**Title (Please Select)** Mr / Mrs / Miss / Ms / Other
Address **Postcode**		
National Insurance No:	**Telephone numbers** **(day)** **(mobile)** **(evening)**	
	E-mail address	
Do you have a current full driving licence? Yes/No	**Details of any endorsements**	

Are there any restrictions on you taking up employment in the UK? Yes ☐ **No** ☐ (If yes, please provide details). **(Please read enclosed information sheet "Advice to Applicants: Asylum & Immigration")**

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary. List in order of most recent first).

DATES FROM - TO	NAME AND ADDRESS OF EMPLOYER	POSITION/ RESPONSIBILITIES	REASON FOR LEAVING

EDUCATION AND TRAINING HISTORY

Dates **From - to**	**Secondary Education** (Names of school(s))	**Qualifications gained**
Dates **From - to**	**Further and Higher Education** (Name of colleges / universities)	**Qualifications gained**
Dates **From - to**	**Other Relevant Training / Qualifications** (Name of establishment / provider)	**Qualifications gained** (if applicable)
Date	**Membership of any relevant professional body**	

SUPPORTING STATEMENT- SKILLS, ABILITIES, KNOWLEDGE AND EXPERIENCE

Please use the Person Specification to detail your specific reasons for this application and how you meet the requirements. Please continue on a separate sheet of paper if necessary (maximum of two sides of A4).Please complete a supporting statement for each post you are applying for even if they are very similar.

REFERENCES

Please give the names and addresses of two persons from whom we may obtain both character and work experience references. **One referee must be your current / most recent employer or course tutor if you are currently in education. Please note PACE cannot accept references from friends or relatives. No emails ending @hotmail, @gmail, @yahoo. All reference emails must be a professional email address.**

1. Current / Last Employer/ Tutor	**2.**
Name: Address: Post Code: Telephone Number: E-mail Address: How long and in what capacity does this person know you? Can we contact this person before the interview? Yes/ No Please initial _____	Name: Address: Post Code: Telephone Number: E-mail Address: How long and in what capacity does this person know you? Can we contact this person before the interview? Yes/ No Please initial _____

CRIMINAL RECORD

Please note any criminal convictions including those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In the event of a conviction, caution or bind over, please give date(s) and description on a separate sheet and enclose in a sealed envelope marked clearly for the attention of Chief Executive.

DISABILITY DISCRIMINATION ACT (DDA) 1995

The DDA protects disabled people from unlawful discrimination. If you tell us that you have a disability we will make reasonable adjustments to your working environment and to your work arrangements and practices, if it is reasonable for us to do so.

Do you consider yourself to have a disability? (Delete as appropriate) Yes No

If Yes please describe:

If you are invited to an interview and you believe that we should make reasonable adjustments for you, please describe what would be required.

a. At the interview

b. In the work place (if appointed)

Disclosures and Barring

Do you currently have a valid DBS certificate?

INTERVIEW

Please list any dates/times when you are not available for interview

WHERE DID YOU HEAR ABOUT US?

Please state where you heard about us or seen the job advert

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

2. I agree that PACE reserve the right to require me to undergo a medical examination. (Should PACE require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

Signed: …….. Date: ……..