

- **Professional qualifications**

Professional bodies of which you are a member (with membership level)

- **Present/last employer**

Employer's name and address

Job title _____

Date commenced _____

Salary _____

Notice required _____

Type of establishment _____

- **Duties and achievements** – continue on a separate sheet if necessary

Previous employment (Please enter most recent employment first. Continue on a separate sheet if necessary)

Name of employer	Job Title	Brief details of duties	Period of employment (e.g. 3 years 6 months)

Voluntary/unpaid activities

Organisation	Position held	Brief details of duties	Time input (e.g. 2 days a week)

- **Abilities, skills, knowledge**

(Please give your reasons for making this application. You need to read the job details carefully, then explain how your skill, abilities and experience fit you for this post. These may have been gained through paid employment, voluntary/community work, domestic responsibilities, spare time activities, training and anything else you think is relevant to the post).

References (to cover at least the last 7 years)

Referee 1. Your present or most recent employer

Name _____
Address _____

Relationship _____

May we approach the referee prior to interview?

Referee 1 **YES** () **NO** ()

Referee 2.

Name _____
Address _____

Referee 2 **YES** () **NO** ()

• **Driving**

- Are you a car driver **YES () NO ()**
 - Are you a car owner **YES () NO ()**
 - How long have you held a driving licence? _____
 - Has your driving licence been endorsed? **YES () NO ()**
-

• **Health**

What is your present state of health? _____

How many days sickness have you had from work during
the last 12 months? _____ the previous 12 months _____

Have you ever had any back trouble? **YES () NO ()**

Have you had any surgery in the last 3 years? **YES () NO ()**
If **YES** please state nature of surgery and date

Are you currently taking prescribed medicine? **YES () NO ()**

Do you smoke? **YES () NO ()**

• **Declaration**

1. HAVE YOU HAD ANY CRIMINAL CONVICTIONS? **YES () NO ()**
If yes, please give details on a separate sheet

2. I am prepared to undergo a medical examination
if required **YES () NO ()**

3. I hereby declare that the information given in this form is, to the best of my knowledge
correct and gives an accurate representation of my application and employment history.

I understand that any fabrication may lead to dismissal if appointed.

Signature _____ **Date** _____

PARITY FOR DISABILITY

EQUAL OPPORTUNITIES MONITORING FORM

Post applied for _____

Reference Number _____

Surname/family name _____

First name(s) _____

Gender: Female _____ Male _____
(please tick as appropriate)

Date of birth _____

Current age _____

ETHNIC GROUP

(Please indicate to which ethnic group you belong)

White	_____	Pakistani	_____
Black-Caribbean	_____	Bangladeshi	_____
Black-African	_____	Chinese	_____
Black-other	_____	Irish	_____
Indian	_____	Other	_____

DISABILITY

Do you have a disability? Yes () No () (Please tick as appropriate)

(The loss or limitation of opportunities to take part in the life of the community on an equal part with others due to physical or social barriers and discrimination. N.B. This definition has been provided by disabled people's organisations).

Our jobs are open to all regardless of race, sex, disability, HIV/AIDS, sexuality and age.

To be returned with application form, where it will be separated for administration purposes and used for monitoring.