

Application for Employment



YOUR DETAILS – Please write or type in black ink

Title

Forename's

Surname

National Insurance
Number:

Home Address

Postcode

Telephone number where you can be contacted:
Daytime

Evening

e-mail address :

PRESENT/MOST RECENT EMPLOYMENT DETAILS

Name of Employer

Address

Date employment began

Ended

Job Title

Salary/Wage

Period of notice you must give

EDUCATION

Examinations/Qualifications Include those to be taken and non-examined courses, e.g. NVQ's	Awarding Body/ Institute	Date of Qualification	Grades

RELEVANT TRAINING (including In-Service Training)

Course Title and Brief Description	Dates

GIVE BRIEF DETAILS OF DUTIES AND RESPONSIBILITIES OF YOUR PRESENT OR MOST RECENT POST

Your reason for leaving ?

PREVIOUS EMPLOYMENT (most recent first)

From Month/Year	To Month/Year	Job Title	Employer	Reason for Leaving

EXPERIENCE & ACTIVITIES WHICH REFLECT PERSONAL QUALITIES

CURRENT MEMBERSHIP OF PROFESSIONAL BODIES

(Please state grade of membership and date attained.)

INTERVIEW ARRANGEMENTS

If called for Interview, do you have any particular needs (such as a BSL Signer?)

DRIVING (Only complete this section if driving is referred to in the Person Specification.)

Have you a current driving licence?

Type/Classification

Do you have any current endorsements?

If YES, give details

Do you have regular use of a car or motorcycle?

REFERENCES

References must be provided for the whole period of three years preceding commencement of employment with HDYCA. If you are currently in employment, please give present employer. If you are unable to provide references for a complete 2 year period please give the employer who employed you for the longest period during that time. Students should give senior tutor or studies supervisor. If unemployed, please give most recent employer.

Name:

Name:

Address:

Address:

Referee's relationship to you:

Referee's relationship to you:

Telephone No:

Telephone No:

Fax No

Fax No

e-mail address:

e-mail address:

If you do not wish referees to be contacted before giving your permission, please enter 'X' in box.

DECLARATION

Please state if to your knowledge you are related to any employee, committee member or trustee of the HDYCA. Canvassing or failure to make proper disclosure shall disqualify you for the appointment and if appointed, shall render you liable to dismissal without notice.

State:

If YES, give name and relationship

REHABILITATION OF OFFENDERS ACT 1974

There are certain posts that involve working with children, other vulnerable groups or in positions of trust that are exempt from the provisions of the Rehabilitation of Offenders Act 1974. If the post you are applying for falls within the above category, this will be indicated on the supporting information you have received with this form. You must therefore disclose details of cautions, reprimands, final warnings and convictions, including 'spent convictions'. Any failure to disclose such information could result in dismissal or disciplinary action by the organisation. Any information given will be treated as confidential and will be considered only in relation to posts to which the order applies.

DECLARATION

Have you at any time received, or do you have pending, a caution, reprimand, final warning or conviction?

If yes, please give details:

I certify that the stated information on this application form and in all other supporting papers are true and correct. I also give my consent to the processing of data contained or referred to on this form in accordance with the Data Protection Act, 2018 GDPR.

Signature

Date

Please Return this form by post to:

Halesowen / Dudley Yemeni Community
Association

Halesowen Cultural Centre

Highfield Lane

Halesowen

West Midlands

B63 4SG

United Kingdom

Or email

info@yca-halesowen.org.uk

EQUALITY MONITORING FORM



The information you give on this form will only be used, in confidence, to enable HDYCA to monitor that its workforce better reflects the community it serves.

The overall aim of Equality and Diversity Policy is to ensure that no job applicants, employees, residents or service users receive less favourable treatment on any grounds which cannot be shown to be justified. These include race, colour, nationality, ethnic or national origin, religious beliefs, gender, marital status, responsibility for children or other dependants, disability, sexual orientation, transsexuality, age, trade union or political activities, social class, where the person lives or spent convictions.

All stages of recruitment are monitored to check that unfair discrimination is not taking place. It is very important that you complete this form in full to help us check that our recruitment and selection processes are fair.

1. I would describe my race or ethnic group as:

ASIAN OR ASIAN BRITISH

<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Any Other Asian Background				

BLACK OR BLACK BRITISH

<input type="checkbox"/>	African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Any Other Black Background
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CHINESE OR OTHER

<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other
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MIXED

<input type="checkbox"/>	Asian & White	<input type="checkbox"/>	Black African & White	<input type="checkbox"/>	Black Caribbean & White
<input type="checkbox"/>	Any Other Mixed Background				

WHITE

<input type="checkbox"/>	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any Other White Background
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<input type="checkbox"/>	Do Not Wish to Disclose	<input type="checkbox"/>	Yemeni
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2. I would describe my religion or belief as:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> No Religion |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Do Not Wish to Disclose |
| <input type="checkbox"/> Muslim | |

3. My gender is:

- Female Male

4. Date of Birth and Age:

Date of Birth

Age

5. Married Status

- | | |
|--|--|
| <input type="checkbox"/> Divorced/Dissolved | <input type="checkbox"/> Single |
| <input type="checkbox"/> Married/Civil Partnership | <input type="checkbox"/> Widowed/Civil Widowed |
| | <input type="checkbox"/> Do Not Wish to Disclose |

6. Disability: I consider myself to be (see note below):

Disabled Not disabled Do Not Wish to Disclose

7. How I found out about this vacancy:

News Letter Internet Evening paper

Local weekly paper Black or Asian paper Job Centre/ Jobpoints/ Worktrain

Other, e.g. friend

Note:

The Disability Discrimination Act, 1995 defines a “disabled person” as having “a physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out normal day to day activities”. It is very important that you declare your disability if you wish to have the protection of the law.