



Application for Employment

The information provided on this application will remain private and confidential and will only be used for the purpose of selection/recruitment or for subsequent employment administration if the application is successful. **Enclosed with the Application Form you will find advice notes to assist you. Please read these notes before completing the form.**

When completed please return this form, marked 'Confidential', to the **HR Section, Eildon Housing Association Ltd, The Weaving Shed, Ettrick Mill, Dunsdale Road, Selkirk TD7 5EB.**

POST APPLIED FOR: _____ **FULL/PART TIME**

PERSONAL DETAILS

Initials: _____ Surname: _____

Address: _____

_____ Postcode: _____

Telephone Numbers: Home: _____ Mobile: _____

e-mail address: _____

Do you hold a current driving licence? Yes/No Do you have access to a car? Yes/No

EDUCATION AND TRAINING	
Secondary Education Subjects Studied	Certificates/Grades Gained
Further and Higher Education Where attended and Subjects Studied	Certificates/Qualifications Gained (Show full or part time)

<u>Other Training relevant to this application</u> Name of Course	Provided by	Duration/ Date
<u>Professional Qualification(s)</u> Name of Professional Body	Grade of Membership	Date Obtained

EMPLOYMENT RECORD

Full Name and Address of Current or Last Employer: _____

Nature of Business: _____

Post Held: _____ Full/Part Time

Date Appointed: _____ Date Left: (if applicable) _____

Salary Scale: _____ to _____ Present Salary: _____ Notice Period: _____
 (if applicable)

Reason for wishing to leave: _____

Please give a brief description of your duties and responsibilities: _____

Previous Employment Name and Address of Employer and Nature of Business	Dates		Post Title and Brief Details of Main Duties	Reason for Leaving
	From	To		

SUPPLEMENTARY INFORMATION

Please indicate how you meet the person specification for this post, outline the contribution you would seek to make if appointed and supply any other details relevant to your application (continue on a separate sheet if required).

REFERENCES

Please supply full contact details of two referees whom we may approach, one of whom should be your present employer and the other a previous employer. If you are a school leaver or unemployed please give details of two people who have direct knowledge of your skills and abilities. References will only be taken up if you are offered a post.

Name _____	Name _____
Job Title _____	Job Title _____
Organisation _____	Organisation _____
Address _____	Address _____
_____	_____
_____	_____
Postcode _____	Postcode _____
Telephone No. _____	Telephone No. _____
e-mail Address _____	e-mail Address _____
Permission to contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Permission to contact Yes <input type="checkbox"/> No <input type="checkbox"/>

GENERAL INFORMATION

Are you related to a current or previous member of the Association's Staff or Board Member? Yes/No

If yes, please give details _____

Are you currently eligible for employment in the UK? Yes/No

National Insurance Number: _____

REHABILITATION OF OFFENDERS ACT 1974

If you have previously been convicted of any offences, please give details, unless the conviction can be regarded as 'spent' in terms of the Rehabilitation of Offenders Act 1974.

You will be advised if you are required to provide a satisfactory Disclosure Certificate or be a member of the Protecting Vulnerable Groups Scheme (PVG).

DECLARATION

NB. You only need to sign with your initial and surname

I declare that to the best of my knowledge and belief all particulars I have given in this application are complete and true. I understand that any false or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal.

Applicants Signature _____ Date: _____

Would you please indicate where you first saw or heard about this post:

Internal Advert Jobcentre Plus Eildon Website SFHA News Word of mouth

Newspaper Please indicate which one: _____

on-line job site Please indicate which one: _____

Other Please indicate where: _____

Eildon Housing Association (A Scottish Charity No. SCO 15026) is committed to the provision of Equalities in employment

A Scottish Charity No. SCO 15026



HOW TO COMPLETE YOUR APPLICATION FORM

The application form has been designed to ensure that we do not ask for any unnecessary information which may suggest discrimination.

Please complete the form as fully and as clearly as you can using black ink to assist in photocopying. If you need additional space for any section, continue on a separate A4 sheet. Please ensure that any such sheets are clearly marked with the section to which they refer and your initials and surname.

Personal Details

Please note that only your surname is required in full. Give only the initials of your first names. This ensures that staff dealing with applications are not aware of the gender of applicants.

Education and Training

Please give us enough details to assess your attainments in relation to the post for which you are applying. We may wish to see any certificates or qualifications you hold. We will ask you to bring them if you are invited to attend for interview.

Employment Record

This section asks about your work experience. Please give as much detail as you feel gives us an accurate picture, both about the type of work you are/were doing and the responsibilities you have had. Please start with the most recent, supplying exact dates where possible. Continue on a separate sheet if necessary.

Supplementary Information

Please indicate how you meet the person specification for this post, outline the contribution you would seek to make if appointed and supply any other details relevant to your application (continue on a separate sheet if required).

References

References will only be taken up if you are offered a post. Please indicate if you do not wish your referee(s) to be contacted without your consent. No offer of employment will be confirmed by the Association until satisfactory references have been received.

General Information

You are asked to tell us if you are related to a current or former member of the Association's staff or Committee. This is so that we can ensure compliance with Schedule 7 of the Housing Scotland Act 2001, which requires the Association to demonstrate that any appointment has been made on merit and in accordance with recruitment and selection policy and procedures.

You are asked to tell us if you are currently eligible for employment in the UK. This is so that we can ensure compliance with the Immigration, Asylum and Nationality Act 2006 which requires organisations to ensure individuals to whom they are offering employment have permission to work in the UK e.g. they hold a British passport/birth certificate/work permit etc. If appointed you will be required to produce such evidence.

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 provides that the Act does not apply to certain professions and types of employment. If this is the case for the post for which you are applying a 'Rehabilitation of Offenders Act Excepted Post Form' will be enclosed which you should complete and return with your application.

Equalities Monitoring Form

Full Name: _____ Title: Mr, Mrs, Ms Other _____

Post Applied for: _____ Location: _____

The Association's Equalities Policy aims to ensure that individuals are not discriminated against on the ground of gender, disability, race, colour, nationality, ethnic origin, religion, age, sexual orientation or any other ground that cannot be justified. In order to monitor the effectiveness of the policy, all job applicants are asked to complete this form. The information in sections 1, 2, 4, 5 and 6 will not be made available to the selection panel and will be used for monitoring purposes only. Statistical and anonymous reports are produced for monitoring purposes from the information contained in this document. This document is then destroyed.

Please complete all sections by placing a tick (✓) in the box applying to you or by providing information where appropriate. Please return this form with your application form.

SECTION 1 – GENDER

Male Female

SECTION 2 – AGE

Years: _____

SECTION 3 – DISABILITY

The Equality Act 2010 makes employers, companies and service providers legally liable for discrimination against disabled people. Under this Act you are regarded as having a disability if you have a long term physical or mental impairment which **affects your ability to carry out normal day to day activities**. Long term is defined as lasting 12 months or more.

Please tick the appropriate box:

Disabled Not Disabled

The Association is a Disability Confident Employer and welcomes applications from people with disabilities. All applicants with disabilities will be guaranteed an interview if they meet the minimum criteria for the post.

If you have ticked Disabled, do you have any special requirements if attending for interview?

SECTION 4 – ETHNIC GROUP

Individuals should determine with which of the undernoted Scottish Census 2001 categories they most closely associate themselves having regard to their ethnic or cultural background.

White	Black	Asian	
Scottish <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Mixed <input type="checkbox"/>
Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other <input type="checkbox"/>
Other British <input type="checkbox"/>	Any Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	
Any Other <input type="checkbox"/>		Chinese <input type="checkbox"/>	
		Any Other <input type="checkbox"/>	

SECTION 5 – NATIONALITY

Please specify: _____

SECTION 6 – RELIGION

Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Another Religion <input type="checkbox"/>
Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>	Sikh <input type="checkbox"/>	No Religion <input type="checkbox"/>

Thank you for your co-operation in completing this questionnaire.

Rehabilitation of Offenders Act Excepted post Form



Post Applied for:

Location:

The post for which you are applying for is excepted from the provisions of section 4 (2) of the Rehabilitation of Offenders Act 19974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore not statutorily entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. Further details are overleaf. **This form needs to be completed and returned with your application.**

Title (Dr/Mr/Mrs/Miss/Ms):		
Surname(s):		
Forename(s):		
Maiden Name or Other:		
Date of Birth:		
Occupation:		
Current Address:		
Length of time at Current Address:		
Previous Address(s):		
	From	To
	From	To
	From	To

CRIMINAL CONVICTIONS, CHARGES OR PENDING CHARGES

Have you ever been convicted of, are you presently charged with, or is a charge pending for any criminal offence? Yes/No			
Date	Offence(s)	Details of Offence(s)	Sentence

DECLARATION

I understand that in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action.	
Signed:	Date:

This document is retained by the HR section on a confidential basis. The information given by you may be used for statutory purposes under the provisions of the above Act.

REHABILITATION OF OFFENDERS ACT 1974

Under this Act, an individual who has been convicted for an offence may, with certain exceptions, be rehabilitated and allowed to treat the conviction as if it had never occurred. The conviction will then become “spent” where the individual has not, after a period of time committed another offence.

Rehabilitation Period

These vary depending in the type and length of conviction.

Sentence	Rehabilitation Period
Imprisonment, corrective training or sentence, of detention in a young offenders’ institution for more than 6 months but not more than 30 months	Ten years*
Imprisonment or sentence or detention in a young offenders’ institution for a term not exceeding 6 months	Seven years*
A fine or other sentence not expressly covered by the Act	Five years*
Order for detention in detention centre	Three years
Absolute discharge	Six months
Conditional Discharge	One year
Probation	Five years*

* may be reduced by half if under 18 at time of sentence.

Suspended sentenced are treated as if they had been put into effect.

Exceptions

A conviction cannot become spent if it incurred a sentence of more than two and a half years in prison or was a life sentence, preventative detention or their equivalent for young offenders.