

CMSS

Skills Development Centre

Wiltshire Lane, Northwood Hills

Pinner, Middlesex HA5 2NB

Tel: (020) 8866 3711/8429 3035

Fax: (020) 8429 4849

Email: CMSS_HR@hotmail.co.uk



For Official use only

STAFF APPLICATION FORM	Please return this form to the above address.	
APPLICATION FOR THE POST OF	How did you become aware of this vacancy? If advertisement seen, give name of publication.	Hire Source

PERSONAL DETAILS

Surname:	Title (Mr, Mrs, Miss, Ms)
Address:	Forenames:
	Date of Birth:
	Tel. No. Home:
	Mobile Number:
Do you require a work permit? YES / NO	E-mail address:
If yes, when does your current permit expire	Tel. No. Work:
	Do you hold a full driving license: YES / NO
	Do you have use of a car: YES / NO

REFERENCES

The referee must be your current or most recent employer(s), with business address		
Name	Name	Name
Address	Address	Address
Phone	Phone	Phone
Position	Position	Position
May we contact before interview? YES / NO	May we contact before interview? YES / NO	May we contact before interview? YES / NO
Have you worked previously for this Society? If so, state where and when:		
Have you applied previously for a post within this Society? If so, please give details		

EDUCATION

Please list all educational achievements, eg GCSE, 'O' level, 'A' level, NVQ, GNVQ, BTEC, City & Guilds and professional qualifications and whether study was full or part-time.

If you are invited to an interview you will be required to provide proof of your qualifications.

Educational / Training Establishment	Qualifications gained (including grades) Training Courses completed	F/T or P/T Study	Dates

Are you a British sign language user YES / NO

MEMBERSHIP OF PROFESSIONAL BODIES

Name of Professional Body	Level of Membership	Date of Membership

ADDITIONAL TRAINING

List any courses, seminars and in-service training which has not resulted in a qualification listed above that you have attended in the last 5 years but which would be of significance in helping us to assess acquired skills or knowledge relevant to the post.

Course details	Date	Duration

EMPLOYMENT HISTORY

Starting with your most recent employment, list all posts held for at least the last ten years even if they are not directly relevant to the post for which you are applying. Please continue on a separate page if necessary.

Current or last Employer's name:

Address:

Nature of Business:

Approximate No. of Employees

Job Title:

Employed from:

To:

Full / Part time

If part-time, no of hours per week:

Reason for leaving:

Present Salary

(Salary Point / Grade if applicable)

Notice Required

Please give a brief outline of the main duties performed. Continue on separate sheet if necessary.

PREVIOUS EMPLOYMENT

If part time state hours per week

Employer's name, address & nature of Business	Position held & main duties	From	To	Salary / Grade
		Reason for leaving		Full time <input type="checkbox"/> Part time <input type="checkbox"/> Weekly Part time hours:
Employer's name, address & nature of Business	Position held & main duties	From	To	Salary / Grade
		Reason for leaving		Full time <input type="checkbox"/> Part time <input type="checkbox"/> Weekly Part time hours:

HEALTH

Have you had any major illnesses, operations or backtrouble? YES / NO

If yes, please give details on separate sheet.

How many days sickness have you had from work over the past 2 years?

DISABILITY

The following questions on disability are designed to allow us to assess what action we might take to offer positive opportunities for employment for people with disabilities. They in no way preclude applications from people with disabilities.

Do you have a disability? YES / NO

If you are registered as disabled, please state number

If yes, please describe how the disability affects you and how it might affect your work.

DETAILS OF CRIMINAL CONVICTION / OFFENCES / CONDUCT

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 provides that all convictions and offences of whatever nature (including motoring offences) and whenever they were committed must be revealed when applying for this position. Please list all such convictions or offences below.

Date of Conviction	Nature of Summons / Charge / Caution / Allegation	Court	Sentence or Order

PERMISSION FOR A POLICE CHECK

I give permission for a check of my police record.

Signed _____ Date _____

Failure to complete this form will result in your application not being considered further. Similarly failure to disclose any convictions which are subsequently found by a police check may render your application void.

Where the information provided by the Police does not agree with that provided by you, we will, before reaching a decision whether to appoint, discuss the discrepancy with you. Where there is disagreement, you will have the opportunity to see the information provided by the Police, If you believe the information is incorrect and wish to make representations to the Police you should do so in the first place through us.

The information provided by the Police will be treated in strictest confidence and will be used only to judge the suitability or otherwise of a person for the position in question. Once this has been done, the information will be destroyed.

Disclosure of a criminal offence will not automatically render someone unsuitable for employment. The CMSS will consider the nature of the offence and when it took place in the light of the type of work applied for.

1. I am prepared to undergo a medical examination, at the Society's expense, if requested.
2. I hereby declare that the particulars which I have given on this form are correct. Any falsification could give proper cause for dismissal.

Signature _____ Date _____

STATEMENT IN SUPPORT OF YOUR APPLICATION

All applicants are required to either complete this section, or submit a separate supporting statement.

Please write your statement after considering the Job Description and Person Specification that accompanied this form. Statements that specifically address the criteria in the Person Specification are particularly helpful; the information you provide will be used in the shortlisting process.

Signed

Date