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### COMMUNITY LIFELINE IS AN EQUAL OPPORTUNITIES EMPLOYER

Thank you for applying for a position at the Community Lifeline. Your details will be treated with the strictest confidence.

Please type or complete your form legibly in black ink, to allow for photocopying. If you have a disability or any other special need that means you are unable to complete this form or any other part of the process, please contact us to make alternative arrangements.

Community Lifeline seeks to recruit employees based on their general suitability for a position and aims to ensure that consideration of age, gender, sexual orientation, sex, disability, marriage & civil partnership, gender reassignment, pregnancy & maternity, religion or belief, and racial or ethnic origin play no part in this process.

#### **Data Protection**

By providing the information contained within this application form, you are consenting to its use for the purpose of processing your application, assessing your performance in the future (should your application be successful) and monitoring the efficiency of our recruitment and other employment procedures. We reserve the right to validate all information entered on this form. If your application is unsuccessful, your details will be retained for six months.

# **DETAILS OF VACANCY** Position applied for: Date of application: Full Time / Part Time / Bank: Your Availability: Where did you see the job post advertised? PERSONAL DETAILS Mr. [] Mrs. [] MS [] Miss [] Surname: Forenames: Address: Date of Birth: Mobile: Home: **Email address: Details of endorsements:** Please specify any disabilities so we can best accommodate you for your interview: Are you at present a car owner: Do you hold a Valid Full UK Driving License: Yes □ No 🗆 Yes □ No □ Please enter your National Insurance Number: Do you require sponsorship?

DETAILS OF NEXT OF KIN						
Name: Relationship:						
Address:						
Postcode:						
Tel No:						
CAREER HISTORY						
Please list your previous employers commencing with the most recent. Your previous employer will not be approached without your permission.						
Job Title:						
Employer's Name:						
Employer's Address:		Employer's Telephone:				
Start Date: Brief Outline of Duties	End Date:	Salary:				
And Responsibilities:						
·						
Reason for leaving:						
Job Title:						
Employer's Name: Employer's Address:		Employer's Telephone:				
Start Date:	End Date:	Salary:				
Brief Outline of Duties						
And Responsibilities:						
Reason for leaving:						
Job Title:						
Employer's Name:						
Employer's Address:		Employer's Telephone:				
Start Date:	End Date:	Salary:				
Brief Outline of Duties And Responsibilities:						
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Reason for leaving:						
Reason for leaving.						
Job Title:						
Employer's Name: Employer's Address:		Employer's Telephone:				
Employer's Address.		Employer's Telephone.				
Start Date:	End Date:	Salary:				
Brief Outline of Duties	Liid Date.	Jaiary.				
And Responsibilities:						
Reason for leaving:						
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Please explain reasons for any gaps in employment:							
E	DUCATION, QUALIFICATIONS & TF	RAINING					
	(Please list most recent first)						
School/College/University/Organization	Courses attended / Exams taken /	Dates attended					
	Professional Qualifications / NVQs /						
	Training Courses (include grades attained)						
	(merade grades attained)						
	<u> </u>	<u> </u>					
Summarize any special training, skills, license	s, certificates and/or characteristics of yourself t	that may qualify you as being able to perform job-					
related functions for the position for which you Please supply certificates if applicable.	are applying.						
Please supply certificates if applicable.							
	ADDITIONAL INFORMATION						
Please record any additional information you f		on. This will help us to see how you feel your skills					
match up to the requirements of the job. It is the	nerefore important that you tell us as much as p	ossible about yourself in relation to all the items listed					
in the job description:							

## **REFERENCES**

Provide three referees, at least two of whom should be your present or recent past employer. We will accept one personal reference. These referees may be contacted before your interview.

Please indicate if this is not acceptable.

### Please complete the reference section in full including contact number and postcode

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Name:	Position:				
Company:	Email address:				
Telephone:					
Name:	Position:				
Company	Email address:				
Telephone:					
Name:	Position:				
Company:	Email address:				
Telephone:					
NOTE: Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offender Act, 1974 (Exceptions) Order, 1995. Applicants are <u>not entitled</u> to withhold details of any convictions under this Act, and in the event of Employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Company. Any information given will be treated confidential. A criminal record will not necessarily be a bar to obtaining a position.					
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Have you been <b>Cautioned or Convicted</b> of any criminal or civil offences, which are under the Rehabilitation of Offenders Act 1974?			No	(circle as applicable)	
If Yes, please give further information.					
Are you <b>currently</b> facing any criminal prosecutions, but not convicted?			No	(circle as applicable)	
If Yes, please give further information.					
Have you received a warning or been dismissed by your empl	oyer?	Yes	No	(circle as applicable)	
If yes, the information should be given on a separate sheet of paper in a sealed envelope and sent/handed in with this application form. This information will be treated as confidential and destroyed after use. It will not necessarily preclude you from employment.					
Are you related to any employee of this company?			No	(circle as applicable)	
Have you applied to for any post in this organization in the past?			No	(circle as applicable)	
DECLARATION					
I understand that the appointment, if offered, will be subject to the information I have given on this application form being correct.					

Signed: D	Date:				
Equal Opportunities Statement					
We are an equal opportunities employer and aim to ensure that per job requirements, skills, abilities and other objective criteria. We we favourable treatment on the grounds of race, colour, nationality, et marital status, disability, or if they are at a disadvantage by conditioning for the safe and effective performance of the job.	ill ensure that no job applicant or employee receives less thnic or national origins, religious belief, sex sexual orientation,				
Monitoring applicants' ethnic origin ensures that we are not unintentionally discriminating against people when we provide services					
How would you describe your ethnic origin?					
☐ Please tick your ethnic category					
<ul> <li>British (White)</li> <li>Irish (White)</li> <li>Any other White background (White)</li> <li>White and Black Caribbean (Mixed)</li> <li>White and Black African (Mixed)</li> <li>White and Asian (Mixed)</li> <li>Any other mixed background</li> <li>Indian (Asian or Asian British)</li> <li>Pakistani (Asian or Asian British)</li> <li>Bangladeshi (Asian or Asian British)</li> <li>Any other Asian background (Asian or Asian British)</li> <li>Caribbean (Black or Black British)</li> <li>African (Black or Black British)</li> <li>Any other Black Background (Black or British)</li> <li>Chinese (other ethnic groups)</li> <li>Any other ethnic group</li> </ul>					
O If other, please state					

Thank you for completing this form and applying for a position at Community Lifeline.

# Please provide a full C.V with this application form

Applications will not be accepted without a full C.V