Keystone Development Trust Application for Employment Form

The contents of this form will be treated as confidential

| PERSONAL DETAILS | | | | |
|---|---------------------|------------------------------------|--|--|
| Surname | | Forenames | | |
| Mr/Mrs/Ms/Miss (delete as appropriate) | Address | | | |
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| | | | | |
| Post Code | | Telephone number | | |
| Do you have a current d | riving licence? YES | | | |
| If there any endorsemen | nts on your driving | icence, please give details below: | | |
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| EDUCATION HISTORY | | | |
|---|-----------------------|--|--|
| School / College / University attended | Qualifications Gained | | |
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| EMPLOYMENT HISTORY (beginning with your most recent Employer) | | | | | |
|---|-------------------------------|-----------|--------|----------------|-----------------------|
| Length of Employment | Name & address of Employer | Job Title | Duties | Rate of Pay | Reason(s) for Leaving |
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| Length of Employment | Name & address of Employer | Job Title | Duties | Rate of Pay | Reason(s) for Leaving |
|-------------------------|-------------------------------|-----------|--------|----------------|-----------------------|
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| Notice period | required with current Emplo | oyer: | | | · |

GENERAL COMMENTS

Please detail here your reasons for applying for this position, your main achievements to date and the strengths you would bring to this post. This is the part of the application form where you can bring to our attention any qualities you believe we should be aware of.

Do not feel under any obligation to complete this section if you believe the rest of this form has brought out these qualities in sufficient detail.

If you find there is insufficient space, please continue on a separate sheet.

| LEISURE | |
|---|--|
| Please give details of your leisure interests, sports and hobbies and other pastimes. | |
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| Ple | REFERENCES ase give the name and address of two people from whom we may obtain a character and work experience reference. |
|-----|---|
| 1 | |
| 2 | |

CRIMINAL RECORD

Please give details of any criminal convictions and cautions, <u>except those spent under the</u> <u>Rehabilitation of Offenders Act 1974 and the amendments to the Exception Order 1975</u> (2013).

Delete as appropriate

For the purpose of this post you are / are not required to provide this information.

Disclosure & Barring Service (DBS) Disclosure Certificate & Registration

Any position which requires, as part of normal duties, caring for, training, supervising or being in sole charge of children or vulnerable adults will require Disclosure & Barring (DBS) checks to be undertaken, including provision of a suitable Disclosure Certificate and Disclosure and Barring (DBS) Registration

The Protection of Children Act, the Protection of Vulnerable Adults Act and the Safeguarding Vulnerable Groups Act, as amended, will apply in this case.

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website.

Please confirm your acceptance of this by signing below

For the purpose of this post you are required to undertake a DBS check, therefore you must sign below.

| Signed: |
|---------|
|---------|

Date:

DECLARATION (Please read this carefully before signing the Application Form

I confirm the above information is complete and correct.

Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information. If your application is successful, your employment may be terminated should any subsequent information come to light once you have been appointed.

If my Application for Employment is successful, I authorise you to contact my doctor for further details and confirmation of my state of health.

If my Application for Employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties and for provision of medical information as part of an occupational health scheme or private medical insurance scheme. I have given my explicit consent freely.

I authorise you to contact the above two stated referees.

Signed:

Dated: