

Drugs and Homeless Initiative

JOB APPLICATION FORM

Post:

Closing Date:

ADVERTISING: Please state where you saw this job advertised _____

PERSONAL

Surname _____ First name _____

Address _____ D.O.B. _____

_____ Tel No (day) _____

_____ Tel No (evening) _____

REFERENCES

Please give names and addresses of two referees, one of who must be your present/most recent line manager (paid or voluntary work), if relevant, or an academic referee if you are a student.

We will normally take up references before making an offer of employment.

Name _____

Name _____

Address _____

Address _____

_____ Postcode _____

_____ Postcode _____

Tel No _____

Tel No _____

Occupation/relationship _____

Occupation/relationship _____

Can references be taken up any time? **YES/NO**

Can references be taken up any time? **YES/NO**

DECLARATION

I declare that, to the best of my knowledge, the information provided in this application is correct and complete. I understand that false information or deliberate omission of any material facts may result in dismissal or the withdrawal of a job offer.

Signed _____

Date _____

Thank you for your time and interest in completing this application form.

When you have completed this form please check that you have provided details as requested.

Please do attach any additional information or include a CV as these will not be considered by the interview panel.

PLEASE NOTE this page will be removed from the application for the purposes of short-listing.

May we contact you at work? **YES / NO**

Do you have a clean current driving licence with access to a vehicle for work purposes? **YES / NO**

When would you be available to take up the post? _____

PRESENT OR MOST RECENT EMPLOYMENT/VOLUNTARY WORK

Name and address of Employer/Organisation: _____ From _____ To _____

Salary: £ _____

Notice Period: _____

Job Title: _____

Brief description of your duties _____

Reason for leaving (if applicable) _____

EDUCATION, VOCATIONAL / PROFESSIONAL QUALIFICATIONS & TRAINING

Qualifications / Training	Dates	Results

PREVIOUS WORK EXPERIENCE / VOLUNTARY WORK

From	To	Organisation	Position held and duties	Leaving salary	Reason for Leaving

ADDITIONAL INFORMATION

Please use the space provided here and overleaf to explain why you are interested in this post and what you can bring to it. (Relate your experience (paid or unpaid) to the headings in the person specification.) **Do not attach any additional information.**

ADDITIONAL INFORMATION cont . .

ADDITIONAL INFORMATION cont . .

HEALTH

Do you have any health problems that may affect your work? **YES / NO**

If yes, please give details:

How many days off work have you had in the last 12 months due to ill health? _____

DISABILITY

Do you have any disability that we should be aware of? **YES / NO**

If yes, please give details:

GENERAL

If you answer YES to any of these questions, please give brief details:

Are you related to any member of the staff team or Board of Management of the Drugs and Homeless Initiative **YES / NO**

Do you have any public service or voluntary commitments? **YES / NO**

Have you ever been convicted of a criminal offence (spent convictions as defined by the Rehabilitation of Offenders Act 1974 being specifically excluded)? **YES / NO**

Is there anything in your private or professional life, past or present, which you feel could adversely affect your ability to carry out the role or would affect DHI's professional reputation. **YES / NO**

Please Note: The successful applicant will be subject to a standard disclosure Criminal Records Bureau check.