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**Application Form**

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| First name: | Surname: |
| Position you are applying for: | |
| Address:  Post code | |
| Email: | |
| Home Phone no: | Mobile no: |
| Are you related to or know anyone who is currently employed by Disability Support? If yes please give name and relationship: Yes  No | |
| Do you have a full clean driving licence?: Yes  No | |

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| Details of education and results: |

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| Details of training and other qualifications : |

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| Details of hobbies/pastimes : |

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| How does the role you are applying for with Disability Support fit in to your career/future? |

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| Explain why you feel you are suitable for this role (**please make specific reference to the job description & person specification**)  Please continue on a separate sheet if required. |

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| Is there anything else you would like to add in support of your application? |

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| Previous Employers - List below your last 3 employers, starting with the current or most recent | | | |
| Name of employer and type of business: | | | |
| Position | Salary | | Dates of employment |
| Duties | | Reason for leaving | |

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| --- | --- | --- | --- |
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| --- | --- | --- | --- |
| Name of employer and type of business: | | | |
| Position | Salary | | Dates of employment |
| Duties | | Reason for leaving | |

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| What else have you been involved in? (for example community work/volunteering) |

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| Please explain any gaps in employment: |

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| Please give two contacts for references – One must be a previous employer  Referees will only be contacted after a job offer. | |
| Name:  Company:  Address: | |
| Tel:  Email: | Relationship: |
| Name:  Company:  Address: | |
| Tel:  Email: | Relationship: |

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| Have you ever been convicted of a criminal offence which is not a spent conviction within the terms of the Rehabilitation of Offenders Act 1974? If yes, please give full details: |

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| My signature confirms that all the information given on this application form is true and complete. I understand that any falsification or deliberate omissions may disqualify my application or lead to my dismissal. I confirm that I am entitled to work in the UK & Ireland and can provide original documentation to confirm this. I understand that my employment is subject to references that are satisfactory to Disability Support.  Sign:  Date: |

Thank you. All successful applicants will be informed within 4 days of the closing date