



APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE THIS APPLICATION FORM IN TYPE OR BLACK INK AS IT WILL BE PHOTOCOPIED. MOREOVER, PLEASE USE BLOCK CAPITALS AND CONTINUE ON SEPARATE SHEET(S) IF NECESSARY.

Post Applied For...

SECTION 1: PERSONAL DETAILS

Surname _____ Forename: _____ (Mr/Mrs/Miss/Ms)

Present Address: _____

Telephone _____ (Home) _____ (Work) _____ (Mobile)

Email _____
Address _____

Do you hold a valid driving licence? ☐ Yes ☐ No

SECTION 2: PRESENT EMPLOYMENT

Job Title _____ Present Salary _____ Date Started _____

Name and Address of
Employer _____
_____ Telephone _____

Brief Description of Your Duties and
Responsibilities _____

To whom do
report? _____

For which staff are you presently
responsible? _____

Notice
required _____

SECTION 3: MEDICAL HISTORY AND OTHER DETAILS

Have you had any major recurring illness over the last five years? ☐ Yes ☐ No

If YES, please give brief
details _____

How many days have you been absent from work due to sickness in the last two
years? _____

Are there any restrictions on your working in this country? ☐ Yes ☐ No

Do you need a work permit? ☐ Yes ☐ No

Do you have any criminal convictions other than those spent under the Rehabilitation of Offenders Act 1974?

☐ Yes

☐ No

If YES, please give details:

Applicants for supported services posts are NOT exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1973.

Applicants for these posts are not entitled to withhold information about convictions which for other purposes are 'Spent' under the provisions of the Act and in the event of employment; any failure to disclose such convictions could result in dismissal or disciplinary action by the Association. Any information given will be completely confidential and will be considered only in relation to the post(s) to which the order applies.

Do you have any convictions to disclose?

☐ Yes

☐ No

If YES, please give details

Special requirements: if this position involves the care of children and/or vulnerable adults, employment is dependent on your consent to obtaining a disclosure of criminal records and of the disclosure being acceptable to the organisation.

SECTION 4: EDUCATION AND QUALIFICATIONS

Please give details of your education and qualifications obtained.

From	To	School/College/Polytechnic or University	Examinations Passed / Qualifications Obtained

Membership of professional bodies (if any) - Please give dates and how obtained.

SECTION 5: EMPLOYMENT HISTORY

Please list your work experience since leaving full time education, starting with the post you held before your present employment. Please continue on a separate sheet if necessary.

From	To	Employer's Name & Address	Job Title	Salary	Reason for Leaving

SECTION 6: RELEVANT EXPERIENCE

Please give details of previous experience you consider relevant to this position. Please state length of such experience.

SECTION 7: INTEREST AND OTHER WORK

Please list any interests you may have and provide details of any public duties currently undertaken or participated (e.g. JP, local councillor). Please give details of any other part time consultancy work or commitments.

SECTION 8: REASON FOR APPLYING

Please give reasons for applying for this position and outline the skills experience which, in your view, makes you a particularly suitable candidate. You may continue on a separate sheet.

This image shows a full page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the paper.

SECTION 9: REFERENCES

Please give names and addresses of two referees, one of whom must be a current or previous employer.

1 st Referee	2 nd Referee
Name _____	Name _____
Position _____	Position _____
Address _____	Address _____
_____	_____
_____	_____
Your relationship to referee _____	Your relationship to referee _____
_____	_____

SECTION 10: SUPPLEMENTARY QUESTIONS

Are you related to any Committee Member or employee of Ekaya Housing Association or Happy Nursery Days? ☐ Yes ☐ No

If YES, please give details:

How did you hear about this vacancy? _____

SECTION 11: DECLARATION

I declare that the information set out in this application form is true in all aspects and I understand that false information may render me liable for dismissal if I am appointed. I agree that should I be successful in this application, the organisation will apply for a disclosure of criminal records. I also agree that Happy Nursery Days / Ekaya Housing Association may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the organisation, any offer of employment may be withdrawn or my employment terminated.

Signature by the applicant _____ Date _____

Please sign and return completed form to:

Corporate Services Manager
Ekaya Housing Association
136-138 Brixton Hill
LONDON SW2 1RS

SECTION 12: EQUAL OPPORTUNITIES

Ekaya operates an Equal Opportunities Policy and in order to ensure the Association’s continued development of its declared Equal Opportunities Policy, all applicants are asked to place a tick in the appropriate box below and complete the details required. This information, which will be used solely for monitoring purposes, will be treated as confidential and will be separated on receipt and before consideration of candidates take place.

To help us monitor the effectiveness of this policy, you are asked to complete this form and return it with your application.

The information will be separated from your application form as soon as it is received and will not be referred to during the selection process or appointment of this post.

Name: _____

Position applied for: _____

Gender: Male: ☐ Female: ☐

ETHNIC GROUP

Do you consider yourself a person with a disability? YES/NO

Please indicate:

White	<input type="checkbox"/>	Asian or Asian British	<input type="checkbox"/>
British	<input type="checkbox"/>	African - Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>
Caribbean & White	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Black African &White	<input type="checkbox"/>	African	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

Any other group: Please write in _____