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| **CASUAL WORKER APPLICATION FORM – Including guidance notes** |

Thank you for your interest in our vacancy. The information you are about to provide will be used by Age UK Wiltshire solely to process your application for the post and will not be passed to any third party at this stage.

*Please read these notes carefully before completing the application form*

* Age UK Wiltshire is an equal opportunities employer and all applicants for jobs will receive equal treatment.
* Please complete clearly in **BLACK ink** or type and ensure that you read and sign the declaration on the final page of the application form.
* By signing and returning this application form, you consent to Age UK Wiltshire using and keeping information about you or by third parties such as referees, relating to your application or future employment. This information will be used solely in the recruitment process and will be retained for 12 months from the date on which you are informed whether you have been invited for an interview.
* Please answer all the relevant questions on the form and attach additional sheets if necessary to answer any of the questions.
* The Job Description is attached for your information.
* Please do NOT attach a CV.

Please return your completed application form marked **Private & Confidential** to:

Business Support Team,

Age UK Wiltshire,

The Wool Shed

New Park St

Devizes

SN10 1DY

Or email: [admin@ageukwiltshire.org.uk](mailto:admin@ageukwiltshire.org.uk).



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| **APPLICATION FOR EMPLOYMENT** | |
| **POST APPLIED FOR:** |  | |

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| **SECTION 1 - PERSONAL DETAILS** | | | | | | | | | | |
| First Name: | |  | | | | | Last Name: |  | | |
| Address: | |  | | | | | | | | |
| Postcode | |  | | | | | | | | |
| Daytime Telephone Number: | | | | |  | | | | | |
| Telephone Number (Mobile): | | | | |  | | | | | |
| May we telephone you during the day? | | | | | | | | | **Yes / No** | |
| Email: |  | | | | | | | | | |
| **Other Information** | | | | | | | | | | |
| Do you have a current full valid Driving Licence? | | | | | | | | | **Yes / No** | |
| Do you have access to a car during working hours? | | | | | | | | | **Yes / No** | |
| Do you consider yourself to have a disability? If Yes, please provide details below. | | | | | | | | | | |
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| Are there any reasonable adjustments we can make to assist you with the recruitment process? If Yes, please provide details below. | | | | | | | | | | |
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| In order to comply with the Asylum and Immigration Act 1996, we require appropriate documentary evidence of authorisation to work. Please note if you are made a conditional offer of employment you will be asked to produce evidence of your eligibility to work in the UK. | | | | | | | | | | |
| Please confirm you have the right to work in the UK | | | | | | | | | **Yes / No** | |
| **SECTION 2 – PRESENT EMPLOYMENT** | | | | | | | | | | |
| **Please give details of your current or most recent employer.** | | | | | | | | | | |
| Name of Employer: | | | |  | | | | | | |
| Address: | | | |  | | | | | | |
| Postcode: | | | |  | | | | | | |
| Position Held: | | |  | | | | | | | |
| Salary: | | |  | | | | | | | |
| Start date: | | |  | | | Finish date (if applicable): | | | |  |
| Reason for Leaving: - | | | | | | | | | | |
| Main duties and responsibilities: | | | | | | | | | | |
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| **SECTION 3 – ABOUT YOU** |
| Please tell us a little about yourself, how you meet the essential criteria on the job specification, and why you are applying for this role. |
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| **SECTION 4 – EDUCATION** | | | |
| Please list all qualifications starting with the most recent | | | |
| Name of school/ college/training provider | Date obtained | | Qualification and Grade obtained |
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| **RELEVANT TRAINING COURSES** | | | |
| Organising Body and Title | | Brief Description of Course Content and Dates Attended | |
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| **SECTION 5 – FURTHER INFORMATION** |

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| **REFERENCES** | |
| Please note here the name and address of One referee who can provide information relating to your competency for this role, one of whom **must** be your present or most recent employer. A character or work referee **should not** be a friend or relative. | |
| **Referee 1** | |
| Name: | Position: |
| Company Name: | Telephone: |
| Address:  Postcode: | Email Address: |
| May we contact prior to interview: **Yes / No** |

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| **REHABILITATION OF OFFENDERS ACT (1974)** |
| Please read the attached sheet regarding the rehabilitation of offender’s act.  Please complete and return this sheet with your application form in the separate envelope provided. This envelope will only be opened if you are shortlisted for interview. |

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| **DISCLOSURE & BARRING** | |
| Age UK Wiltshire works with vulnerable adults. This post holder, therefore, will be subject to the Disclosure and Barring service (DBS) enhanced disclosure procedure. | |
| Do you currently hold a DBS certificate from another organisation? | **Yes / No** |

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| **DECLARATION** | |
| I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. | |
| I agree that the company may apply to my previous employers for references. I understand that should I fail to supply reference information, or should the reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated. | |
| Signature of Applicant: | Date: |

**ADDITIONAL SHEET – REHABILITATION OF OFFENDERS ACT (1974)**

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| ***Please return this sheet to our offices with your application form in a separate envelope marked as “Additional Application Sheet – Confidential”.***  ***This envelope will only be opened if you are successfully shortlisted for interview.*** | | |
| Do you have any convictions which are unspent under the Rehabilitation of Offenders Act 1974? | | **Yes / No** |
| If yes please give details and dates of offence(s) and sentence: | | |
| I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. | | |
| Signature of Applicant: | Date: | |