APPLICATION FOR EMPLOYMENT

Please complete in type along with your Equal opportunities form and return to jobs@hearinglink.org

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| POST TITLE:  |  |
| SURNAME:  | FIRST NAME(S):  |
| HOME ADDRESS: | TELEPHONE NOS: HOME:WORK:MOBILE PHONE (SMS):E-MAIL ADDRESS: OTHER CONTACT: |

EDUCATION AND QUALIFICATIONS

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| --- | --- | --- | --- |
| SCHOOLS, COLLEGES, UNIVERSITIESATTENDED: | FROM: | TO: | EXAMINATIONS (Subjects and Grades): |
|  |  |  |  |

PROFESSIONAL QUALIFICATIONS AND ACTIVITIES

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| Please state current membership grade of professional qualification bodies and the dates you obtained these grades:PROFESSIONAL BODY: GRADE: DATE: |
| Please give details of activities within professional and other relevant bodies: |

CURRENT APPOINTMENT

|  |  |
| --- | --- |
| TITLE OF POST: | NAME AND ADDRESS OF EMPLOYER: |
| SALARY & GRADE (INC ALLOWANCES): | DATE OF APPOINTMENT: |
| SUMMARY OF DUTIES AND RESPONSIBILITIES: |

PREVIOUS APPOINTMENTS

(account for all employment, including career breaks in chronological order with most recent first)

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| --- | --- | --- | --- | --- | --- |
| TITLE OF POST: | EMPLOYER / TYPE OF BUSINESS: | SALARY& GRADE: | FROM: | TO: | REASON FOR LEAVING: |
|  |  |  |  |  |  |

EXPERIENCE AND OTHER INFORMATION

Please provide a description of your experience and include any specialist work undertaken, any relevant training courses, unpaid or voluntary work, and the personal qualities which make you suitable for this employment. Maximum one side A4, typed.

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| WORKING DAYS ABSENT OR SICK IN THE PREVIOUS 12 MONTHS. Please give reasons: |
| Period of notice required by present employer:  |
| Please state where you saw this vacancy advertised:  |
| Have you ever been convicted of a criminal offence? **If yes, please give full details on a separate sheet. You need not include convictions which are ‘spent’ under the Rehabilitation of Offenders Act 1974 unless otherwise stated in the application package. You may be subject to a DBS check.** |

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| Please give the names, addresses and status of two employment referees, one of whom should be your present employer: |
| Name: ……………………..………………………………Address:…………………………………………………….……………………………………………………………….Tel: . . …………………………………………………….E-mail: ……………………………………………………. | Name…………………………………………………….. Address: ……………………………………………………………………………………………………………….Tel: ………………………………………………………E-mail: ……………………………………………………. |
| Referees will normally be contacted before interview. Please indicate if you do not wish this to happen. |

This application will be treated in the strictest confidence.

Hearing Link reserves the right to verify claims made in this application.

I certify that the contents of this application are, to the best of my knowledge and belief, a true statement. Any false statement or withholding of relevant information may result in dismissal or the withdrawal of an offer of appointment.

Signature of applicant ………………………………… Date …………………………………………

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| For Official Use Only |
| Shortlisted for interview YES/NO |  |