

# JOB APPLICATION



**Empowered Lives**  
Positive Outcomes • Positive Futures

Post of:		Post Ref No:	
Service		N.I. No:	
Surname:	Forename(s):		
Previous Name(s) if applicable		Mr / Mrs / Miss / Ms	
Address:			
Postcode:		E-mail:	
Telephone No. Home:	Work:	Ext No:	
NAME AND ADDRESS OF SCHOOL, COLLEGE, UNIVERSITY ATTENDED	DATES From To	QUALIFICATIONS GAINED	GRADE / LEVEL
ATTENDANCE AT TRAINING COURSES	DATES From To	SUBJECTS COVERED	

CURRENT EMPLOYERS NAME:	
JOB TITLE:	DATE APPOINTED: (inc date, month, year)
SALARY / WAGE AND GRADE:	PERIOD OF NOTICE REQUIRED:

BRIEF DESCRIPTION OF DUTIES / RESPONSIBILITIES

PREVIOUS EMPLOYERS -NAME AND ADDRESS	JOB TITLE	BRIEF DESCRIPTION OF DUTIES	DATES	
			From (inc date, month, year)	To

Give the names and addresses of two referees of whom confidential enquiries may be made - one of whom must be your **current** employer (or if not currently employed, your last employer). If you have been with your employer for less than 3 years, you should also give your previous employer as a referee.

1. Mr/Mrs/Miss/Ms	<input type="checkbox"/>	2. Mr/Mrs/Miss/Ms	<input type="checkbox"/>
.....		.....	
.....		.....	
.....		.....	
Tel No.....		Tel No.....	
E-mail address.....		E-mail address.....	
Capacity in which known to you		Capacity in which known to you	
.....		.....	

If you are selected for interview we will contact your referee(s). If you do not wish us to contact the referee(s) before interview, please enter "X" in the box(es).

Information to be sought from your referees will (as appropriate) include the length of time they have known you, your duties and reasons for leaving, the number of days sickness absence (not reasons), details of any disciplinary action, your skills/abilities, work relationships and attitude, strengths and areas for development and (for social services and other relevant posts) your suitability for access to vulnerable adults/children and young people.

RELEVANT INFORMATION

The information you provide in this section will be used in assessing your application and will determine whether you are shortlisted for interview or not. Please use this space to state how your skills, experience and training would enable you to meet the requirements of the job for which you are applying.

All applicants will be required to undergo a criminal records check. By signing this application form you are confirming that you are willing to undergo such a screen. The provisions relating to the non-disclosure of criminal convictions do not apply.

Have you ever been placed on the ISA Barred (previously POCA, POVA, List 99) or been Referred to ISA / DBS Barring Authority  YES  NO

If YES the please give details

If additional space is required please continue on a separate sheet

**REHABILITATION OF OFFENDERS ACT 1974 (as amended)**

Have you ever been convicted of a criminal offence which under the provisions of the above Act (see attached notes) is not "spent"? YES / NO If "YES" please enclose details

**MISCELLANEOUS**

Do you hold a current driving licence: YES / NO

Do you have a vehicle to use for work? YES / NO

Do you have a leased car? YES / NO

Are you related to anyone in our organisation "YES" please give:  
Name Relationship

All forms of canvassing will automatically disqualify candidates from appointment e.g. you must not ask an employee of our organisation to use their influence to help you to get a job with the Company.

If you are currently under a contractual relationship our organisation (e.g. as a supplier or a developer) or currently negotiating a contract, please give details:

.....  
.....

Do you wish to apply for this on a "job-share" basis? YES / NO

If "YES", which days and hours would you prefer to work?

Days ..... Hours .....

Do you consider yourself to have a disability as defined by the Disability Discrimination Act? YES / NO

(Refer to Equal Opportunities Monitoring slip for definition)

Is there anything we need to know about your disability in order to offer you a fair selection opportunity?

.....  
.....

Please give any dates on which you would NOT be available for interview: .....

Where did you see this post advertised? .....

**Please Complete the Medical History Sheets and include this with the main application**

I certify that the information I have given is correct and I understand that should I make an incorrect statement on this application, or should I wilfully conceal any material fact, I will, if appointed be liable for dismissal. (If you submit this by e-mail you will be asked to sign this if you are invited into interview)

Signature ..... Date.....

**Please return this application form to: Personnel and Training Service @  
99 Aireville Road, Frizinghall, Bradford, BD9 4HN or email a copy to us on  
[Empoweredlives@live.co.uk](mailto:Empoweredlives@live.co.uk)**

# EQUAL OPPORTUNITIES FORM

Empowered Lives Limited aims to provide equal opportunities and fair treatment for all people and is determined to ensure that no applicant, employee or volunteer:

- Receives less favourable treatment on the grounds of sex or marital status, sexual orientation, colour, race, nationality, ethnic or national origins.

To help monitor the effectiveness of our recruitment policy, We would be grateful if you would complete the following:

**Please X the appropriate boxes.**

I am:  Female  Male

Age:  17-24  25-35  36-45  46-55  56-65  66+

Marital Status:  Single  Civil Partnership  Married  Divorced/Separated  
 living together

## Nationality

Are you a UK citizen?  YES  NO

Are you an EU citizen?  YES  NO

If "yes", from which country:

If "no", to all the above, what visa do you hold and when does this expire:

National Insurance Number:

## Sexual Orientation

Are you:

Bisexual

Gay/Lesbian

Heterosexual

Decline to state

<b>Ethnicity - I would describe my ethnic origin as:</b>	
<b>White</b>	
<input type="checkbox"/> British <input type="checkbox"/> Irish	<input type="checkbox"/> Any other White background
<b>Mixed</b>	
<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background
<b>Asian or Asian British</b>	
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian Background
<b>Black or Black British</b>	
<input type="checkbox"/> Caribbean <input type="checkbox"/> African	<input type="checkbox"/> Any other Black background
<b>Chinese or other Ethnic Group</b>	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Ethnic Group
Other (please provide details)	
<b>Gypsy and Traveller</b>	
<input type="checkbox"/> Romany/Roma Gypsy <input type="checkbox"/> Other	<input type="checkbox"/> Irish Traveller
Other (please provide details)	

<b>Religious Belief/Faith</b>	
<b>Are you:</b>	
<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Decline to state

**Where did you find out about this vacancy? (Please tick one box)**

From a current Empowered Lives employee

The Empowered Lives website

Job Centre (please state branch name/location)

Newspaper/other publication (please state name)

Other (please give details)

## Equality Act 2010

In accordance with the Equality Act 2010 we are asking the question at the bottom of this page to ensure that all applicants who are disabled receive the appropriate support and reasonable adjustments and to monitor all aspects of our recruitment process.

Below are the 4 definitions of someone who is classed a disabled under the Act.

1. A disabled person is someone who has a **physical or mental impairment**.

**Physical impairment** includes hearing and visual impairments and conditions such as diabetes, dyslexia, severe disfigurement, heart conditions and epilepsy. It also includes anyone who has an impairment which is likely to develop over time such as cancer, multiple sclerosis, or someone living with HIV or AIDS.

**Mental impairment** includes learning disabilities and mental illnesses. People whose impairments are controlled, corrected or adjusted by medication or appliances are covered by the DDA, as are those who have had a disability in the past but have since recovered.

2. The impairment has got to last, or be expected to last, **at least 12 months**.
  - a person with a broken leg who is only temporarily disabled would not be covered.
  - a person who has had an impairment, which may happen again, is covered.
3. The impairment must have a substantial and long term adverse effect. This may be obvious in the time it takes someone to carry out a task or in the way he/she carries out the task.
4. The impairment must affect the person's ability to carry out normal day-to-day activities. These include mobility; manual dexterity; physical co-ordination; continence; ability to lift or carry objects; speech, hearing or sight; memory or ability to concentrate, learn or understand.

Do you consider yourself to be disabled as defined above?

YES  NO



## **REHABILITATION OF OFFENDERS ACT 1974**

The job you are applying for is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (exceptions) order 1975. Applicants are asked to declare if they have any criminal convictions, including spent convictions, cautions or reprimands. In the event of an offer of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Empowered Lives. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

Have you been convicted of any criminal offence?

YES  NO

If yes, please give details of offence, including date and sentence.

An Enhanced Disclosure and Barring Service Check will be carried out on some successful applicants where applicable to the role. Any offer of employment will be subject to satisfactory receipt of this and an offer may be withdrawn if this requirement is not met.

### **Other Information**

Are you related to any elected member, or an employee of Empowered Lives? If so, please give details.

**Empowered Lives Limited is committed to equality of opportunity.**

**All applications will be considered on their merits and selection will be made solely on the basis of the suitability of applicants when assessed against job related criteria.**

**MEDICAL HISTORY FORM (Continuation of Application Form)**

**Previous Absence details**

When were you last away from work due to illness or injury?

What was the reason?

How long were you absent?

How many days have you been absent from work in the past two years due to illness or injury?

Have you been receiving medical treatment/supervision in the past twelve months?

Are you under any form of medical treatment/supervision at present? YES / NO  
If "yes" give details

**PRE EMPLOYMENT MEDICAL QUESTIONNAIRE –**

Title: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Forenames: \_\_\_\_\_  
Name of Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
What is your weight? \_\_\_\_\_  
What is your height? \_\_\_\_\_

Do you smoke? Yes/No

Are you usually in good health? Yes/No

Have you any reason to expect you may need leave of absence on medical grounds in the near future? Yes/No

If "yes" please give details \_\_\_\_\_

When did you last have a chest X-ray? \_\_\_\_\_

Why was it done? \_\_\_\_\_

Was any action taken as a result of the last X-ray? \_\_\_\_\_

**Previous Check up information**

- |                                |         |  |        |
|--------------------------------|---------|--|--------|
| 1. Serious Illness             | Yes/No  | 15. Surgical Operation.                    | Yes/No |
| 2. Serious Injury              | Yes/No  | 16. Hepatitis or Jaundice                  | Yes/No |
| 3. Heart Trouble               | Yes/No  | 17. Epilepsy/Fits or Fainting Spells       | Yes/No |
| 4. Frequent Colds/Sore Throats | Yes/No  | 18. High Blood Pressure                    | Yes/No |
| 5. Pneumonia / Bronchitis      | Yes/No  | 19. Varicose Veins                         | Yes/No |
| 6. Asthma / Hay Fever          | Yes/No  | 20. Ear Problems                           | Yes/No |
| 7. Cough / Shortness of Breath | Yes/No  | 21. Eye Problems                           | Yes/No |
| 8. Recurrent Chest Pain        | Yes/No  | 22. Colour Blindness                       | Yes/No |
| 9. Severe/Frequent Indigestion | Yes/ No | 23. Skin Problems(Allergies/Sensitivities) | Yes/No |
| 10. Stomach Ulcer              | Yes/No  | 24. Depression or other Nervous Illness    | Yes/No |
| 11. Hernia / Rupture           | Yes/No  | 25. Do you suffer from headaches           | Yes/No |
| 12. Kidney or Bladder Problems | Yes/No  | 26. Physical Handicap                      | Yes/No |
| 13. Backache, Slipped Disc etc | Yes/No  | 27. Any other illness not listed           | Yes/No |
| 14. Arthritis                  | Yes/No  | 28. Diabetes                               | Yes/No |

If "yes" to any of the above questions, please give details:

**I certify that to the best of my knowledge and belief the above statements are true and I understand that withholding or Misstating of facts requested for above may invalidate any contract of employment that may be offered to me.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this section with the main application form**