## JOB APPLICATION FORM

Thank you for your interest in United Purpose and for taking the time to fill out this application form.

Use the ‘tab’ key to move from one answer field to the next. Answer fields will expand to accommodate your answers. Please return the completed form to the address detailed in the ‘Application Process’ section appended to the Job Description.

|  |
| --- |
| Application Details |
| Applicant Full Name: |
| Position applied for: |
| Date of Birth (dd/mm/yy): |
| How did you first learn about this vacancy? Please name the specific website or source. |
| *When would you anticipate being able to start work (dd/mm/yy)?* |
| *Last Drawn Monthly Gross Salary:* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employment History | | | | | | | |
| *Starting with your most recent experience, please provide details of any full or part time employment (including self-employment).* | | | | | | | |
| Dates (From–To): | |  | | | | | |
| Employer & Location: | |  | | | | | |
| Position: | |  | | | | | |
| Key Responsibilities: | |  | | | | | |
| Key Achievements: | |  | | | | | |
| Reason for Leaving: | |  | | | | | |
| Dates (From–To): | |  | | | | | |
| Employer & Location: | |  | | | | | |
| Position: | |  | | | | | |
| Key Responsibilities: | |  | | | | | |
| Key Achievements: | |  | | | | | |
| Reason for Leaving: | |  | | | | | |
| Dates (From–To): | |  | | | | | |
| Employer & Location: | |  | | | | | |
| Position: | |  | | | | | |
| Key Responsibilities: | |  | | | | | |
| Key Achievements: | |  | | | | | |
| Reason for Leaving: | |  | | | | | |
| Dates (From–To): | |  | | | | | |
| Employer & Location: | |  | | | | | |
| Position: | |  | | | | | |
| Key Responsibilities: | |  | | | | | |
| Key Achievements: | |  | | | | | |
| Reason for Leaving: | |  | | | | | |
| Please continue on extra sheets if necessary | | | | | | | |
| Voluntary Work | | | | | | | |
| *Starting with the most recent, please provide details of any voluntary work or training placements you think are relevant to this application.* | | | | | | | |
| Dates (From–To): | |  | | | | | |
| Employer & Location: | |  | | | | | |
| Position: | |  | | | | | |
| Key Responsibilities: | |  | | | | | |
| Dates (From–To): | |  | | | | | |
| Employer & Location: | |  | | | | | |
| Position: | |  | | | | | |
| Key Responsibilities: | |  | | | | | |
| Please continue on extra sheets if necessary | | | | | | | |
| Academic Qualifications & Training | | | | | | | |
| *Starting with the most recent, please provide details of any education and/or training (including short courses) that you have completed or are currently undertaking.* | | | | | | | |
| **Educational Qualification** | | | | | | | |
| Dates (From – To): | |  | | | | | |
| Degree Obtained with Subject: | |  | | | | | |
| Educational Institution: | |  | | | | | |
| Dates (From – To): | |  | | | | | |
| Degree Obtained with Subject: | |  | | | | | |
| Educational Institution: | |  | | | | | |
| Dates (From – To): | |  | | | | | |
| Degree Obtained with Subject: | |  | | | | | |
| Educational Institution: | |  | | | | | |
| Dates (From – To): | |  | | | | | |
| Degree Obtained with Subject: | |  | | | | | |
| Educational Institution: | |  | | | | | |
| Dates (From – To): | |  | | | | | |
| Degree Obtained with Subject: | |  | | | | | |
| Educational Institution: | |  | | | | | |
| **Training Received** | | | | | | | |
| Name of Training: | |  | | | | | |
| Dates (From - to): | |  | | | | | |
| Institution: | |  | | | | | |
| Name of Training: | |  | | | | | |
| Dates (From - to): | |  | | | | | |
| Institution: | |  | | | | | |
| Name of Training: | |  | | | | | |
| Dates (From - to): | |  | | | | | |
| Institution: | |  | | | | | |
| Name of Training: | |  | | | | | |
| Dates (From - to): | |  | | | | | |
| Institution: | |  | | | | | |
| Name of Training: | |  | | | | | |
| Dates (From - to): | |  | | | | | |
| Institution: | |  | | | | | |
| Name of Training: | |  | | | | | |
| Dates (From - to): | |  | | | | | |
| Institution: | |  | | | | | |
| Please continue on extra sheets if necessary | | | | | | | |
| Professional Bodies | | | | | | | |
| Please list membership of any professional bodies | | | | | | | |
|  | | | | | | | |
| Languages (Written & Spoken) | | | | | | | |
| *Mother tongue* |  | | | | | | |
| *Other Language(s)* | Basic Knowledge | | | Working Knowledge | | Fluent | |
| Please list | Written | | Spoken | Written | Spoken | Written | Spoken |
| 1. |  | |  |  |  |  |  |
| 2. |  | |  |  |  |  |  |
| 3. |  | |  |  |  |  |  |
| 4. |  | |  |  |  |  |  |
| 5. |  | |  |  |  |  |  |
| Additional Information | | | | | | | |
| In this section we would like you to give your reasons for applying to work with United Purpose and for applying to this particular position. Bearing in mind the job description and person specification, please indicate what experience, skills and interest you would bring to the job. (Limit 5,000 characters). | | | | | | | |

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| --- | --- | --- |
| References | | |
| *Please give the names and contact details of two referees, one of whom should be your present employer. We will not contact them without your prior consent.* | | |
| Referee 1: | | Referee 2: |
| Name: | | Name: |
| Job Title: | | Job Title: |
| Capacity in which they know you: | | Capacity in which they know you: |
| Address: | | Address: |
| Daytime Telephone Number: | | Daytime Telephone Number: |
| Email Address: | | Email Address: |
| Personal Details | | |
| *Surname:* |  | |
| First Names: |  | |
| Address: |  | |
| Tel. No. (Daytime): |  | |
| Tel. No. (Evening): |  | |
| Tel. No. (Mobile): |  | |
| E-mail Address: |  | |
| Do you hold a current driver’s licence (pls tick box): | Yes  No | |

|  |  |
| --- | --- |
| Do you hold any unspent convictions?  (Tick as appropriate) | Yes  No |
| A conviction will not necessarily exclude you from employment with United Purpose, but will be taken into consideration when assessing your suitability for this particular position. Please refer to our Criminal Records Policy on our website for more details. | |

United Purpose is committed to short-listing candidates meeting selection criteria who have a disability or impairment. For this reason, if you are shortlisted and you consider yourself to have a disability or impairment that requires special arrangements, please let us know before the interview.

*I confirm that to the best of my knowledge the information provided in this document is true and correct and can be treated as part of my contract of employment.*

Name:

Date:

Receipt of every online application will be acknowledged. However, you will then only hear from us if you are short-listed for interview. Short-listed candidates will be contacted within four weeks of the closing date.