



Application for Employment

Post applied for	
Location	
Reference Number	

CONFIDENTIAL

For official use only	
Identification No:	
Date received	

Completed forms should be returned to:

Deputy Director
Hundred Houses Society Ltd
51 Scotland Road
Cambridge
CB4 1QW



Before you complete this application form please read the guidance notes carefully. Please complete the form in black or blue ink and use BLOCK CAPITALS.

APPLICANT DETAILS

Title	Surname	First name(s)

Home address	Daytime telephone number	
	Evening telephone number	
	Mobile telephone number	
	E-mail address (home)	
	E-mail address (work)	
Postcode		National Insurance Number

Do you hold a current driving license?

Yes

No

If you are applying for job-share or a part-time position, please indicate your preferred days and times of day.

Do you require a work permit?

Yes

No

If you answered 'yes' please supply details on a separate piece of paper.

Are you related to any employee or Board Member of the Society?

Yes

No

If 'yes' please give their name and details of the relationship. *Failure to disclose this may lead to your application being disqualified, and if appointed, to you being dismissed. Details of staff and Board Members are on our website www.hhs.org.uk*

How much notice do you need to give your current employer?

EDUCATION, TRAINING & QUALIFICATIONS

Please give details of qualifications received at school.

TYPE (e.g. NVQ, GCSE, O/A level etc)	SUBJECTS	RESULTS / GRADES

Please give details of qualifications received at college / university / further education.

TYPE (e.g. BTEC's, HNC/HND, degrees)	SUBJECTS	RESULTS / GRADES

Please give details of courses you have attended which are relevant to the position.

COURSE TITLE	ORGANISING BODY	YEAR

Please give details of membership of professional bodies relevant to this position.

NAME OF ORGANISATION	TYPE OF MEMBERSHIP	DATE OF MEMBERSHIP

Continue on a separate sheet if necessary.

RELEVANT EMPLOYMENT HISTORY

Present employer (or last employer if not currently employed)

Employer's name and address	Job title	
	Date started	
	Date left	
	Reason for leaving	
Key role / responsibilities		

Previous employment (most recent first)

Employer's name and address	Job title	
	Date started	
	Date left	
	Reason for leaving	
Key role / responsibilities		

Employer's name and address	Job title	
	Date started	
	Date left	
	Reason for leaving	
Key role / responsibilities		

Employer's name and address	Job title	
	Date started	
	Date left	
	Reason for leaving	
Key role / responsibilities		

Continue on a separate sheet if necessary.

EXPERIENCE, SKILLS & OTHER SUPPORTING INFORMATION

Please give details of any experience, skills or other information which is relevant, which demonstrates your ability to carry out this job. Continue on a separate sheet if necessary.

REFERENCES

Please provide details of two referees, one of which must be your current or most recent employer.

Name:
Position:
Organisation:
Address:
Telephone Number:
Email Address:
If you do not wish this reference to be contacted until an offer of employment is made, please tick the box <input type="checkbox"/>

Name:
Position:
Organisation:
Address:
Telephone Number:
Email address:
If you do not wish this reference to be contacted until an offer of employment is made, please tick the box <input type="checkbox"/>

DECLARATION & CONSENT

The information supplied on this application form and accompanying documents will be used for the purpose of recruitment and personnel administration and for equality and diversity monitoring for effectiveness and fairness in the selection process. By signing the application form you consent for Hundred Houses to use and keep this information for this purpose, and to verify some of the facts in your application by contacting referees, previous employers, educational establishments, examination bodies etc. **If you do not give your consent we will be unable to consider your application.**

The information on the Equality & Diversity form will be separated from your application as soon as it is received and kept confidential. The information will be for statistical purposes only to make sure that our policies and practices are effective. The Criminal Offences form will be separated from your application, and will only be seen by those who require to see it as part of the recruitment process.

Applications of unsuccessful candidates will be retained for a period of six months from the date that the post is appointed to. Thereafter they will be destroyed. The application form of the successful candidate will be retained on the personnel file.

Declaration

I certify that the information contained in this application is correct. I have read the above statement and consent to the personal data submitted being used for the purposes described. I understand that giving any false information on this application form will make my application unacceptable, or, if appointed, may lead to dismissal.

I have read, signed and returned the Declaration of Criminal Offences form included in this pack.

Signature

Date

EQUALITY & DIVERSITY MONITORING FORM

CONFIDENTIAL

Identification (official use)	No:	
----------------------------------	-----	--

Post applied for _____

Name _____

1. **Ethnic group** – I would describe my ethnic origin as: (please tick ONE box)

White		Mixed		Asian/Asian British		Black/Black British		Chinese		Other	
British	<input type="checkbox"/>	White & black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any other*	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Other*	<input type="checkbox"/>		
Other *	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other*	<input type="checkbox"/>				
		Other *	<input type="checkbox"/>	Other*	<input type="checkbox"/>						

* If 'other' please describe your nationality / ethnic group _____

2. **Religion** - (optional) _____

3. **Disability** – Do you have a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities that you wish to declare under the Disability Discrimination Act 1995?

Yes No

If 'yes' please give full details

4. **Gender** – my gender is:

Female Male

5. **Age** – my age last birthday is: _____

6. **Sexuality** – I would describe my sexuality as:

Heterosexual Bisexual Gay or Lesbian

7. **How did you find about this vacancy?** _____

DECLARATION OF CRIMINAL OFFENCES

CONFIDENTIAL

Identification (official use)	No:	
----------------------------------	-----	--

Post applied for

Name

Having a criminal record will not necessarily exclude you from working with us. It will depend on the nature of the position and the circumstances and background of your offences.

Please list all your spent and unspent cautions and criminal offences, including any pending convictions and indicate if they are pending.

If you have no convictions or cautions please write 'None' and sign the form.

Nature of Offence(s)	Name of Court	Date of Conviction	Sentence(s)

All information will be treated in the strictest confidence. You may be contacted to discuss the information you have provided.

Declaration

I certify to the best of my knowledge that the information on this form is true and accurate. I understand that if the information I have supplied is false, misleading or incomplete in any way, it may automatically disqualify me from the from the selection process or may result in my instant dismissal without notice.

Signature

Date