

Job Application

This application form consists of two parts. We use the first part to monitor the Pro Ground Equal Opportunities Policy and we will remove it before short listing.

The second part asks you about your education, training and employment history and gives you the opportunity to provide information in support of your application.

Please complete all sections of the form. Use a separate page if you need more space.

If you hold a current C.V. please enclose with your application form.

Referees should be your current and previous employers. If you are a student or school leaver put you're Head of Course and a personal referee. If you are unemployed, give us your last two employers. If you have only worked for one employer please advise us of a personal referee.

If you have a disability we will make adjustments to the interview and working arrangements providing it is reasonable to do so, in accordance with the Disability Discrimination Act 1995. Please let us know if you need the application form in a different format, for example an audio-tape.

Equal Opportunity Statement

Proground Ltd opposes all forms of discrimination on the grounds of colour, race, gender, nationality or national origin, marital status, disability, sexual orientation, age, religious belief or because they are living with HIV, AIDS or have a previous criminal conviction which is legally "spent" in respect of employment and service provision, unless an objective and/or lawful reason(s) prevail(s).

Further details of the Pro Ground Ltd Equal opportunities Policy and service statements are available on request.

Equal Opportunities Data

This sheet will be removed from your application form before short listing and we will only use it to help us monitor equal opportunities.

Job Title: Post No:.....

Where did you see this vacancy advertised:

.....

Gender & marital status

My gender is: Male Female

My Martial Status is: Married Unmarried

What is your age range: 25 or under 26-45 46-65 65 or over

Ethnic origin

White: British
 Irish
 Any other white background

If other please write:

White and Black Caribbean

 White and Black African
 White and Asian
 Any other mixed background

If other please write:

Indian
 Pakistani
 Bangladeshi
 Any other Asian Background

If other please write:

Caribbean
 African
 Any other African background

If other please write:

Chinese
 Other

If other please write:

Definition of disability

The disability Discrimination Act 1995 defines a disability as: “A physical or mental impairment which has substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. This includes impairments, lasting at least 12 months or likely to recur, to one or more of the following

- * Mobility
- * Physical co-ordination
- * Ability to carry, lift or otherwise move everyday objects
- * Memory or ability to concentrate, learn or understand
- * Manual dexterity
- * Contenance
- * Perception or risk of danger
- * Speech, hearing or sight (not where sight is corrected by wearing spectacles or contact lenses)

The term impairment includes progressive conditions. Some examples of impairments or long term conditions which could be considered as disability under the definition are set out below. It is intended as a guide and not an exhaustive list:

- * Heart/circulation complaints
- * Limited physical mobility
- * Long term back/neck problems
- * Upper limb disorders (e.g. RSI)
- * Multiple Sclerosis
- * Epilepsy
- * Arthritis
- * Clinical depression
- * Diabetes
- * Muscular Dystrophy
- * Crohns Disease
- * Severe allergies
- * Impairment to hearing or sight
- * Schizophrenia
- * Manic depressive illness

Disability

Do you consider yourself to have a disability in accordance with the Disability Discrimination Act 1995?

- YES NO

Application form

Please read the guidance notes on the first page before completing this part.

Job Details

Job Title:

Personal Details

Title..... Home Number

Surname..... Work Number

Previous Surname..... Mobile Number

Other Names..... E-Mail.....

Home Address.....

.....

.....

National Insurance No.....

May we contact you at work? YES NO

Employment History

Current or last employment

Name of employer

Address of employer.....

.....

Job Title.....

Dates worked from: Day.....Month.....Year.....

Date worked to: Day.....Month.....Year.....

Reason for leaving:.....

.....

.....

.....

Brief Description of Main Functions & Responsibilities:

.....

.....

.....

.....

.....

.....

Salary & other benefits:

Length of notice required:

Previous employment (most recent first). Account for any breaks in your employment.

Name of employer

Address of employer

.....

Job Title

Dates worked from Day.....Month.....Year.....

Dates worked to Day.....Month.....Year.....

Reason for leaving:.....

.....

.....

.....

Name of employer

Address of employer

.....

Job Title

Dates worked from Day.....Month.....Year.....

Dates worked to Day.....Month.....Year.....

Reason for leaving:.....

.....

.....

.....

(continue on separate sheet if necessary to complete your work history)

Do you need a work permit to work in the UK? Yes No

If YES do you have one? Yes No Other

Education & Training Secondary schools, colleges, university, etc, attended

Names

Address

.....

Dates from Month.....Year.....

Dates to Month.....Year.....

Examinations passed:

.....

.....

Names

Address

.....

Dates from Month.....Year.....

Dates to Month.....Year.....

Examinations passed:

.....

.....

Names

Address

.....

Dates from Month.....Year.....

Dates to Month.....Year.....

Examinations passed:

.....

.....

(Continue on separate sheet if necessary)

Other relevant training courses (within and outside work)

Course, subject or title

Dates from..... To.....

Course, subject or title

Dates from..... To.....

Course, subject or title

Dates from..... To.....

Please give details of continuous skill/professional development.

Please include details of additional qualifications gained and /or membership or professional associations:

.....
.....
.....
.....

Do you have a full current driving license Yes or No

Health

Please state the number of days and periods of absence from work due to sickness in the last three years.

Also, state whether these periods were self certified or covered by a doctor's certificate.

Current year

Number of days.....Periods of absence.....

YearCertificate.....

Number of days.....Periods of absence.....

YearCertificate.....

Number of days.....Periods of absence.....

YearCertificate.....

Year 2

Number of days.....Periods of absence.....

YearCertificate.....

Number of days.....Periods of absence.....

YearCertificate.....

Number of days.....Periods of absence.....

YearCertificate.....

Year 3

Number of days.....Periods of absence.....

YearCertificate.....

Number of days.....Periods of absence.....

YearCertificate.....

Number of days.....Periods of absence.....

YearCertificate.....

(please continue on a separate sheet if necessary)

Supporting information & comments

Please provide any other information in support of your application, ensuring that you address all the requirements of the Person Specification in the order given. Give evidence or relevant examples from work or in a voluntary capacity.

Supporting information (use space below):

Criminal Convictions & Relationships

Do you have any criminal convictions which are deemed unspent under the Rehabilitation of Offenders Act 1974?

Yes No

If YES, please give details: (offence, date of conviction, outcome)

.....
.....
.....

Previous surnames/other names know by:

NB – If you are successful in your application and you are applying for a job that provides substantial access to children and/or other vulnerable groups you will be required to apply for a standard or enhanced criminal records disclosure prior to appointment (level subject to post)

Are you related to an employee of Pro Ground Ltd? No Yes

If YES please specify the relationship:

References

References should be your current and previous employers. Where there has been a break in employment, please provide two character references (these can not be a relative).

Please give the names and addresses of two referees. We take up references on all short listed candidates. Please indicate below whether or not you want us to get in touch with your present employer. Select NO if you do not want us to get in touch with them unless we offer you the job. No Yes

Name.....

Work Relationship