



JOB APPLICATION FORM

Please DO NOT write in this box

Ref

Shortlist Yes No

Offer Yes No

GUIDANCE NOTES

Read these guidance notes before completing the form.

Please do not send a separate CV.

If you need any help in completing this form, please contact us. The information you give us enables us to decide whether or not you should be shortlisted for interview. It is in your own interest to:

Make sure you have read and understand the press advertisement, the job description, job specification and any other information that we have sent you. These will give you a clear idea of what the post requires, what the Association is seeking and our wider policies and practices. If interviewed you may be asked questions about this information.

Complete the 'Further Information' section on the back of this form. This is your main opportunity to say why we should shortlist you. Make sure you include not only work experience but any other experience you may have gained which is relevant - voluntary work, organised meetings etc. Tell us WHY YOU WANT THIS JOB!

Check that you have completed the form fully and clearly and that the information provided is accurate. Make sure you have signed and dated the form and return it to us by the closing date. Late applications will not normally be considered.

Please return the form to:

Human Resources Officer
Marches Housing Association
Benedict Court, Southern Avenue
Leominster, Herefordshire,
HR6 0QF.
Telephone 01568 619649

JOB APPLIED FOR

CLOSING DATE

WHERE DID YOU SEE THE JOB ADVERTISED?

Mr/Mrs/Miss/Ms SURNAME

OTHER NAMES

DATE OF BIRTH

HOME ADDRESS

HOME TEL NO. BEST TIME TO CALL

WORK TEL NO. BEST TIME TO CALL

MOBILE TEL NO.

EMAIL ADDRESS.

DO YOU HOLD A CURRENT DRIVING LICENCE? YES NO

DO YOU OWN A CAR? YES NO

IF YOU HAVE BEEN BANNED FROM DRIVING OR HAVE A CURRENT ENDORSEMENT PLEASE GIVE DETAILS

EDUCATION AND TRAINING

SCHOOL/COLLEGE/UNIVERSITY	FROM	TO	QUALIFICATIONS, INCLUDING GRADES AND DATES

PROFESSIONAL QUALIFICATIONS AND OTHER

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If you are a member of a professional organisation please give details

OTHER SKILLS/TRAINING

Please give details of other skills, you have, for example, can you speak languages other than English? Do you have computer skills?

Ref No

Ref

EQUAL OPPORTUNITIES

MHA actively promotes equality of opportunity in all aspects of its work. Our policy is to ensure that no applicant is discriminated against for any reason and that selection is on the basis of merit alone. Please help us to monitor the effectiveness of this policy by completing the following details.

This information will not be used in the shortlisting process and will be regarded as confidential.

Please do not write on this page or detach it from the form

1 ETHNIC ORIGIN

WHITE IRISH

BLACK AFRICAN BLACK CARIBBEAN

BLACK OTHER (please specify) PAKISTANI

INDIAN BANGLADESHI

CHINESE OTHER (please specify)

2 DISABILITY

DO YOU HAVE A DISABILITY? YES NO

IF YES PLEASE GIVE BRIEF DETAILS

3 GENDER

FEMALE MALE

4 AGE

Applications from people over 40 are most welcome

UNDER 21 21 - 30 31 - 40

41 - 50 51 - 60 OVER 60

5 WE WILL COMPLETE THIS SECTION

DATE ENTERED:

INITIALLED

DATE



FURTHER INFORMATION

Please use this space to give us further information about your experience which may be relevant to the post applied for: this might be voluntary work or outside interests/activities etc. Tell us why you want the job and why you think you are a suitable candidate. Continue on a separate sheet if necessary.

DISABILITY

We guarantee to interview disabled applicants who meet the essential requirements for the post.

Do you consider yourself to have a disability? Yes No

Do you have any special requirements to enable you to attend for interview?

DATA PROTECTION

All information given on this form will be treated in strict confidence. If you are appointed, this application will form the basis of your personal file and information on this form may be held on computer. We will observe strict confidentiality and disclosures will only be made for payroll, employment administration and statistical purposes. If your application is unsuccessful your details will be kept for a period of six months and will then be destroyed.

DECLARATION

I confirm that all the information given in this application form and the disclosures form is, to the best of my knowledge, true and accurate. I understand that any false statements or failure to disclose any information requested may result in my application being disqualified. Discovery after appointment may lead to dismissal without notice or disciplinary action by the Association.

Signed _____ Date _____