

**GLASGOW WEST HOUSING ASSOCIATION LIMITED**

5 Royal Crescent, Glasgow G3 7SL

Tel. No: 0141 331 6650

Fax. No: 0141 331 6679

[www.gwha.org.uk](http://www.gwha.org.uk)

**APPLICATION NO:** \_\_\_\_\_\_\_\_\_

**(Office Use only)**

**PLEASE COMPLETE ALL SECTIONS**

CV’s will not be accepted.

The information that you supply in this application form will enable the interview panel to decide whether to invite you to an interview. Whilst all sections may not be relevant to you personally, you should complete the form as fully and as accurately as possible to enable your application to be given full consideration.

The information provided within your application form will be processed in accordance with the General Data Protection Regulation (EU) 2016/679. Please note that the first and last pages will not be shown to the shortlisting panel.

Post Applied For: Relief Facilities Services Operative

Closing date for receipt of applications is: TBC

Applications received after this time will **NOT** be considered

**1. PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **INITIAL:** |  | **LAST NAME:** |  |
| **ADDRESS:**  |
|  | **POST CODE:** |  |
| **MOBILE NO:** |  |
| **HOME TEL.NO:** |  |
| **OFFICE TEL.NO:**  |  |
| Can we ring you at work? | Yes | ❒ |  | No | ❒ |
| **EMAIL ADDRESS:** |  |

**2. GENERAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have a full and current driving licence?  | Yes | ❒ |  | No | ❒ |
| Is it clean? | Yes | ❒ |  | No | ❒ |
| If no, please give details:Do you have access to a vehicle during working hours? Yes No Are you insured for business purposes? Yes No |

|  |
| --- |
| **3. ASYLUM & IMMIGRATION ACT 2006**The Immigration, Asylum and Nationality Act 2006 makes it an offence to employ anyone who is not entitled to live or work in the EU. All applicants selected for interview will be required to provide evidence that they are entitled to live and work in the EU. Appropriate documentation may include the original of your current passport, visa, birth certificate or any other document [or combination of documents] indicated by the Act.Do you currently have the right to work and live in the EU? YES / NO (please delete as appropriate) |

**4. PRESENT EMPLOYMENT**

(Or, if now unemployed, details of last employment)

|  |  |  |
| --- | --- | --- |
| **Employers Name:**  | **From:**  | **To:**  |
| **Job Title:**  |
| **Address:**  |
| **Current salary:** £ |
| **Please give a brief description of your present job** |
|  |
| **Please give your reasons for seeking new employment** |
|  |

**5. PREVIOUS EMPLOYMENT**

Please give details of your previous paid or unpaid work or any other relevant experiences that you would like to mention, starting with the most recent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FROM****TO** | **EMPLOYER** | **SALARY** | **JOB TITLE/DUTIES** | **REASON FOR LEAVING** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(Continue on a separate sheet if necessary)

**6. EDUCATION AND QUALIFICATIONS**

Please list any relevant qualifications obtained:

*(If selected for interview you will be required to bring with you the original certificate(s) of all qualifications referred to in this application. This extends to membership of professional bodies.)*

|  |  |  |
| --- | --- | --- |
| **SUBJECT** | **CLASS/****GRADE RESULT** | **LEVEL OF QUALIFICATION** |
|  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please also list any qualifications that you are currently working towards:

|  |  |  |  |
| --- | --- | --- | --- |
| **SUBJECT** | **LEVEL OF QUALIFICATION**  | **START DATE OF COURSE**  | **END DATE OF COURSE** |
|  |  |  |  |

Will you continue to study the above listed courses if you are successful in gaining employment with GWHA? Yes / NoWill your study impact working hours? Yes/ No**PROFESSIONAL QUALIFICATIONS AND MEMBERSHIP**Professional Qualifications:Professional Body: |
| Level of Membership: |  |

**7. OUTSIDE INTEREST OR ACTIVITIES**

All employees and/or potential employees have a duty to operate within the letter & spirit of GWHA’s Code of Conduct and declare any outside interests or activity which could overlap or conflict or **might** affect their employment with GWHA. Please note below any commitments that you have? (e.g part time job, scout/ guide leader etc)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**8. RELATIONSHIPS**

***Relationship to Staff Members***

|  |
| --- |
| If you are related to any employee of GWHA or anyone who has been employed as a staff member or has been engaged as a supplier, consultant or contractor in the last 12 months, please provide details:   |

|  |
| --- |
| If you are related to a Committee member of GWHA or anyone who has been a Committee member in the last 12 months, please provide details:  |

**9. OTHER INFORMATION**

Please supply any other information about yourself that you feel will support your application:

|  |
| --- |
|  |

**10. DISABILITIES**

Application No:\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| We are committed to being an Equal Opportunities Employer and do not discriminate in any way.  |
| Do you consider that you have a disability? | Yes | ❒ |  | No | ❒ |
| If you consider yourself to have a disability, are there any arrangements that we can make for you if you are called for interview? Please give details below. |
|  |

**11. REFERENCES**

Please give the names, addresses, telephone numbers and email address of two people (work related) to whom we may apply for references:

|  |
| --- |
| **Reference 1 (present or most recent employer)** |
| Name: |  |
| Occupation: |  |
| Organisation: |  |
| Address: |  |
| Email address:  |  |
| Telephone Number: |  |
| Relationship to you: |  |

|  |
| --- |
| **Reference 2 (previous employer)** |
| Name: |  |
| Occupation: |  |
| Organisation: |  |
| Address: |  |
| Email address:  |  |
| Telephone Number: |  |
| Relationship to you: |  |

**12. AVAILABILITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If invited, would you be available on the proposed interview date? | Yes | ❒ |  | No | ❒ |
| If successful, when would you be available to take up a new appointment? |

**13. ANNUAL LEAVE**

Please list the dates of any leave that you have arranged or plan to request for the next 6 months:

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**14. REHABILITATION OF OFFENDERS**

The Rehabilitation of Offenders Act 1974 enables some criminal convictions to become spent or ignored, after a ‘rehabilitation period’. Excepted posts are those to which the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 apples. You may be entitled to withhold information about convictions that are ‘spent’ under the provision of the act. In the event of employment, any failure to disclose could result in dismissal or disciplinary action by your employer. If selected for interview you will be required to complete a criminal convictions declaration form that will only be reviewed if an offer of employment is being made.

**15. DATA PROTECTION**

Any information about yourself that you provide in the course of your application for employment with GWHA will only be used by GWHA for the purposes of your application. Further information detailing how we will use your personal information can be found in the GWHA privacy notice found on our website alongside the application pack.

**16. DECLARATION**

I confirm that to the best of my knowledge, the information given in this application form is correct and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld any relevant information my application may be disqualified or, if I have already been appointed, I may be dismissed without notice.

I consent to the data collected on this form being used for the purposes of recruitment and selection.

### Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_