



APPLICATION FOR EMPLOYMENT

Please complete the application form and email it to michelle.bowden@ccms.org.uk

PERSONAL DETAILS

FULL NAME	
PHONE NUMBER	
ADDRESS	
EMAIL ADDRESS	

DRIVING INFORMATION

Do you own your own vehicle? YES NO

Do you hold a current UK Driving License? YES NO

If so, do you currently have any endorsements / penalty points? YES NO
(If yes please give details)

EDUCATION / QUALIFICATIONS

School	Subject	Level	Date Achieved
	Mathematics		
	English Language		
	English Literature		

Qualification(s) Gained	Main Subjects studied	Full/Part time	From/To	University/ College

EMPLOYMENT HISTORY (Last 10 years)

Are you currently employed YES NO

Dates From / To	Employers full name, address and telephone number	Job Title and brief resume of tasks and responsibilities	Reason for leaving <small>(including dismissal or resignation)</small>

Have you been subject to any formal disciplinary proceedings in your current or previous employment?

(if yes please give details)

YES NO

Are you, or have you ever been, subject to any sanctions imposed by a professional body?

(if yes please give details)

YES NO

REFERENCES

Employment with CCMS Ltd is subject to satisfactory written / verbal references being obtained from your current and previous employer. If we are unable to do so, we will contact you to discuss alternative options.

Please note: references will not be requested until you have accepted an offer of employment.

OTHER INFORMATION

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?
(if yes please give details) (unspent convictions will not necessarily bar you from employment)

YES NO

Are you, or have you been, on the Adult or Child Barred List? *(if yes please give details)*

YES NO

PROOF OF IDENTITY AND RIGHT TO WORK IN THE UK

CCMS will need to establish your identity and that you have the right to work in the UK to be able to make an offer of employment. If your application form is successful and you are invited to interview, you will be requested to bring proof of identity.

Do you have the right to work in the UK? YES NO

DECLARATION OF APPLICATION

I understand that giving any incorrect or misleading information, or any omission made with the intention of misleading the Company, could lead to my dismissal.

Signature:

Date:

EQUAL OPPORTUNITY MONITORING

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

The information on this form will be used for monitoring purposes only and will not be used in any decision affecting you.

All questions are optional. You are not obliged to answer any of these questions. All information supplied will be treated in the strictest confidence.

Job applied for **Closing Date**

GENDER– what is your gender?

Male Female Prefer not to say

ETHNIC GROUP – how would you describe your nationality and/or ethnicity?

A		B		C		D		E	
White		Mixed Race		Asian or Asian British		Black or Black British		Chinese and other Groups	
British – (English, Scottish, Welsh)		White and Black Caribbean		Indian		Caribbean		Chinese	
Irish		White and Black African		Pakistani		African		Other ethnic group	
						Other black			

Prefer not to say

WHAT IS YOUR AGE?

16-17 18-21 22-30 31-40 41-50 51-60 61-70 71+

Prefer not to say

RELIGION OR BELIEF

Please describe your religion or other strongly-held belief:

I would describe my religion as

I have no particular religion or belief

Prefer not to say

DISABILITY

The Equality Act 2010 defines a disability as a “physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities.” An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have disability under the Equality Act?

Yes No Don't Know Used to have but have now recovered Prefer not to say