

Talla na Mara

Pairc Niseaboist

Isle of Harris

HS3 3AE

A Company Limited by Guarantee - SC347176

Registered as a Charity in Scotland - SC041920

**APPLICATION FOR EMPLOYMENT**

*Please complete all sections. Should you run out of space for your answer, use the continuation sheet provided. Please type or print legibly in blue or black ink.*

1. **Post Information.**

|  |  |
| --- | --- |
| Post Title: | Janitor/Handyperson |

2. **Personal Details.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | Forename(s): | | |  | | |
| Address: |  | | | | | |  | |
|  |  | | | | | |
|  | | | | | |
|  | | | | | |
| Postcode: |  | | | | | |
| Telephone: |  | | | *(Home)* |  | | | *(Mobile)* |
| Email: |  | | | | | | | |
| National Insurance No: | |  | | | | | | |

3. **References.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please name two referees, at least one of whom should have direct knowledge of your work experience and abilities. References will be taken up for all short-listed candidates. | | | | | |
| Name: |  | | Name: |  | |
| Address: |  | | Address: |  | |
|  |  | |  |  | |
|  | |  | |
|  | |  | |
| Postcode: |  | | Postcode: |  | |
| Occupation: |  | | Occupation: |  | |
| Telephone: |  | | Telephone: |  | |
| Length of Time Known: | |  | Length of Time Known: | |  |

4. **Employment History.**

|  |  |  |  |
| --- | --- | --- | --- |
| **A – Present or Most Recent Employment** | | | |
| Name and Address of Employer: |  | Post: |  |
|  |  | Length of Service: |  |
|  | Salary: |  |
|  | Notice Required: |  |
|  |  |  |
| Please give a brief description of your duties and your reason(s) for leaving or wishing to leave: | | | |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B – Previous Employment** | | | | |
| Please list in chronological order any additional previous employment. | | | | |
| From | To | Post Held | Name and Address of Employer | Reasons for Leaving |
|  |  |  |  |  |

**5. Educational History.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A – Secondary Education** | | | | |
| From | To | Schools Attended | | |
|  |  |  | | |
| **Qualifications Obtained** | | | | |
| Date | Subject | | Qualification Type | Grade |
|  |  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **B – Further/Higher Education** | | | |
| From | To | Institution | Qualification and Classification |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **C – Membership of Professional Bodies** | | |
| Organisation | Grade of Membership | Date of Entry |
|  |  |  |

**6. General Information.**

|  |  |  |
| --- | --- | --- |
| **A – Health/Medical Information** | | |
| Do you have, or have you had, any recurring health problems which may affect your ability to fulfil the requirements of this post?  *(Delete as appropriate)* | | **Yes / No** |
| Details: |  | |
|  |

|  |  |
| --- | --- |
| **B – Relationship** | |
| Please indicate any family relationship to current Directors or Employees of the Trust. This will not affect your employment opportunity. | |
| Name | Relationship |
|  |  |

|  |  |  |
| --- | --- | --- |
| **C – Criminal Convictions** | | |
| Do you have any criminal convictions or cautions which are not regarded as ‘spent’ under the Rehabilitation of Offenders Act 1974?  *(Delete as appropriate)* | | **Yes / No** |
| Details: |  | |
|  |

|  |  |
| --- | --- |
| **D – Driving** | |
| Do you hold a current full driving licence?  *(Delete as appropriate)* | **Yes / No** |

**7. Experience.**

|  |
| --- |
| Please provide any additional information which you think will support your application, explaining why you would be a good applicant for the post, including experience you have gained, relevant skills, and personal qualities.  Relate your comments to the job description and the “Essential” and “Desirable” characteristics (E1-9 and D1-4) in the specification. Please use this space and, if needed, continue on another sheet of paper. Please restrict yourself to no more than two extra sides of A4. |
|  |

**8. Declaration.**

|  |  |  |  |
| --- | --- | --- | --- |
| **I declare that the information given on this application form is to the best of my knowledge true and complete. I understand that the Trust reserved the right to verify all claims made in this application.** | | | |
|  | |  | |
| Signed: |  | Date: |  |

*Please return all completed applications to:*

Linda Armstrong

The West Harris Trust

Talla na Mara

Pairc Niseaboist

Isle of Harris   
HS3 3AE

Or alternatively email to **linda@westharristrust.org**

**Continuation.**

|  |  |
| --- | --- |
| Section | Continuation |
|  |  |