



'Supporting independence from alcohol and tackling homelessness'

APPLICATION FORM

Code/Ref : _____

Position applied for: _____

Where did you hear of this post? _____

PERSONAL DETAILS

FORENAME(S)	SURNAME
Title (Mrs,Mrs,Miss,Ms etc)	Previous Names (if any)
ADDRESS	TELEPHONE EMAIL:

Do you have the right to take up employment in the UK ? Yes/No

Do you require a work permit ? Yes/No

DRIVING LICENCE : Do you hold a current UK Driving Licence Yes / No

If you are disabled please give details of any special arrangements you would require to attend an interview :

Please give the names and address of two referees (not related to you); one should be your current or last employer. Please indicate any that you do not wish taken up at this stage. Please note that current SIFA Fireside staff can not act as referees.

Name		Name	
Position		Position	
Organization		Organization	
Address		Address	
Post Code		Post Code	
Tel No		Tel No	
Email		Email	
Do you consent to a post interview reference request ?		Do you consent to a post interview reference request ?	
Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	

FOR OFFICE USE ONLY

Date Received: _____

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GENERAL EDUCATION

DATES	ESTABLISHMENT	QUALIFICATIONS

ANY RELEVANT TRAINING COURSES

DATE	COURSE	QUALIFICATION IF APPLICABLE

PROFESSIONAL QUALIFICATION/REGISTRATION

Qualifications	Dates	Ref No	Renewal

CURRENT/LAST EMPLOYMENT

Name of Current Employer	Dates	Job Title	Reason for Leaving

Current Salary	Notice Period	Description of Duties

PREVIOUS EMPLOYMENT

Name	Dates	Job Title	Reason for Leaving

Please give details of, and provide an explanation for any time when you were not either working or in full time education :

Additional Information

The information you provide in this section will be used in assessing your application. Please use this space to your full potential to demonstrate how your skills, knowledge and experiences match the job description and personal specification.

Rehabilitation of Offenders Act 1974

Do you have any current or previous convictions Yes No

If yes please give details

We accept applications from individuals who have experienced previous problems with drink or drugs.

We require that you have achieved a period of abstinence of at least 2 years and have a permanent residence.

Declaration :

I declare that the information I have given on this form is to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified, or if I have been appointed I may be dismissed. I hereby give my consent to SIFA Fireside processing the data supplied on this application form for the purpose of recruitment and selection.

Signature		Date	
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