

RECRUITMENT APPLICATION FORM



bradford women's aid
 support, assistance and accommodation for women
 and children experiencing domestic abuse

**Please return this form
 when completed to:**

Human Resources, Bradford Women's Aid, PO Box 1102
 Bradford, BD1 9NG

PERSONAL DETAILS

First Name		Address											
Surname													
Title													
Date of Birth		Postal Code		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td> </tr> </table>									
Telephone No. Daytime		Telephone No. Evening		National Insurance No.									
Do you hold a UK full Clean driving licence?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you able to work Flexibly (ie some Weekends & evenings)		Yes <input type="checkbox"/> No <input type="checkbox"/>							
What is the notice period in your current job role (if applicable)?						<input style="width: 100px; height: 20px;" type="text"/>							
Do you speak an Asian Language?						Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes to the above, please specify details below													
Please give names and addresses of two referees and state in what capacity you are known to them. (One should be your present employer or most recent employer)													
Reference No.1				Reference No.2									
Name:				Name:									
Address:				Address:									
Postcode:				Postcode:									
Occupation:				Occupation:									
In what capacity do you know this person?				In what capacity do you know this person?									



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EMPLOYMENT BACKGROUND *(most recent role first)*

Name of Employer	Date From	Date To	Position Held and Main Duties	Reason(s) for Leaving

Please continue on a separate sheet of paper if necessary



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TRAINING / EDUCATION BACKGROUND

Institution	Qualification	Dates



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ADDITIONAL INFORMATION

Please use this space for any information you wish to add in support of your application continuing on a separate sheet if necessary.

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ADDITIONAL INFORMATION *(continued)*

I can confirm that the information provided in this document is correct and gives a true representation of my qualifications and employment history. The withholding, falsification or omission of relevant information by a successful candidate is grounds for disciplinary action being taken.

Signed:

Date:

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Rehabilitation of Offenders Act 1974 and (Exemptions) Order 1975

Please complete and put in the envelope provided putting **your name** on the front and marking it `CRB Information`

Declaration of Criminal Record

Please note that the post you have applied for is exempted from the Rehabilitation of offenders Act 1974 which means that all convictions, cautions, reprimands and final warnings on your criminal record (if you have one) need to be disclosed. Failure to disclose full information may render you liable to summary dismissal. This position is subject to a Criminal Records Bureau Check.

Name:

Position Applied For:

Have you got any convictions etc? (see above)

If yes please give details:

**This section of the form will only be seen by the selection panel.
If your form has been short listed and you have been convicted of any offence,
the selection panel will consider this in relation to the post for which you have applied.**