



# Leeds Society for Deaf and Blind People

## Job Application Form

### Private and Confidential

Return this form to:

Position applied for:

Title:  Forename(s):  Surname:

Address:

Postcode:

NI Number:  Email:

Tel (Home):  Tel. (Mobile):

### Current Driving Licence

Yes  No

Details of endorsements:

### Are there any Restrictions on you taking up Employment in the UK

Yes  No

If YES please provide details

### Education

Schools/Colleges/University

Qualifications Gained

**Education Continued** Schools/Colleges/University

Qualifications Gained

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

**Employment History (please complete in full and use a separate sheet if necessary)**

1.

Dates      Name and address: \_\_\_\_\_

  /   /      \_\_\_\_\_

to      Job Title: \_\_\_\_\_      Rate of Pay: \_\_\_\_\_

  /   /      Duties: \_\_\_\_\_

                                 \_\_\_\_\_

                                 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Notice Required: \_\_\_\_\_

2.

Dates      Name and address: \_\_\_\_\_

  /   /      \_\_\_\_\_

to      Job Title: \_\_\_\_\_      Rate of Pay: \_\_\_\_\_

  /   /      Duties: \_\_\_\_\_

                                 \_\_\_\_\_

                                 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Notice Required: \_\_\_\_\_

3.

Dates

Name and address:

/ /

to

Job Title:

Rate of Pay:

/ /

Duties:

Reason for Leaving:

### Current membership of professional bodies (ie CIPD, NRCPD)

Please note any professional bodies you are a member of or are registered with:

### Other Employment

Please note any other employment that you would continue with if you were to be successful in obtaining this position.

### References

Please note here the names and addresses of two persons whom we may obtain both

character and work experience references

Name 1

Name 2

Position:

Position:

Address:

Address:

Postcode:

Postcode:

Telephone:

Telephone:

May we approach the above prior to interview

May we approach the above prior to interview

Yes

No

Yes

No

### **Criminal Record**

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory Disclosure & Barring Certificate from the Disclosure & Barring Service.

### **Declaration (Please read this carefully before signing this application)**

- 1 I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- 2 Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
- 3 I agree that should I be successful in this application, I will, if required, apply to the Disclosure & Barring Service for a Disclosure & Barring Certificate. I understand that should I fail to do so or should the disclosure not be to the satisfaction of the Society any offer of employment may be withdrawn or my employment terminated.

Signed

Date

 /  /

[info@leedssocietyfordeafandblind.org.uk](mailto:info@leedssocietyfordeafandblind.org.uk) [www.leedssocietyfordeafandblind.org.uk](http://www.leedssocietyfordeafandblind.org.uk)  
Charity No. 227169 Company No. 146281