

Start Up Stirling Application Form



Post Applied for:	
Please complete all section of this form in Black Ink or Type	
PERSONAL DETAILS	
Surname:	First Name:
Other names known by:	
Address & Post Code	National Insurance Number:
	Do you have a clean Driving Licence?
	How many points on licence?
	Do you have access to a vehicle?
Home Phone:	Mobile Phone:
Email:	
PRESENT OR MOST RECENT EMPLOYER	
Name and Address of Employer	Date Commenced Employment:
	Present Salary:
Position Held:	Notice Required:
	Earliest Possible Start Date:
Current Duties:	

PREVIOUS WORK EXPERIENCE

Please summarise your past employment, beginning with the most recent.
Please continue on a separate page if necessary.

Dates		Name and Address of Employer	Job title and summary of main duties.	Reason for leaving
From	To			

QUALIFICATIONS AND TRAINING

Please give details of your education, qualifications and training

Dates		Name of school/college/university/ place of training.	Qualification / Course completed	Grade / Result
From	To			

PERSONAL QUALITIES AND SKILLS

Please use this section to indicate how you meet each of the requirements of the job description, required skills and key competencies. Please list experience, achievements, knowledge, personal qualities and skills that you feel are relevant. You may include paid work, work within the home and voluntary activities. Please continue on a separate sheet / expand this section if necessary.

GENERAL INFORMATION

Do you have the right to work in the UK? Yes No

If you are invited to interview and you need any reasonable adjustments, please contact us beforehand to discuss.

Please give details of any unspent convictions in accordance with the 1974 Rehabilitation of Offenders' Act. A conviction will not necessarily exclude you from employment with Start Up Stirling, but will be taken into consideration when assessing your suitability for this particular position.

REFEREES

Please give details of two people who have knowledge of you in a working environment, paid or unpaid. One referee must be your current/most recent employer.

Name and address of Referee

Name and address of Referee

Telephone: (work)

Telephone: (work)

Telephone: (Home)

Telephone: (Home)

Email:

Email:

Relationship to you:

Relationship to you:

How long they have known you:

How long they have known you:

Declaration

I acknowledge that any offer of employment is subject to satisfactory references.

By signing this application, I confirm that all information on this form and any attachments are correct and complete. I understand that providing false information or omitting to give relevant information will result in my application being rejected and, if appointed, may lead to dismissal.

Forms returned electronically must be signed by the candidate before taking up a post.

By submission of this form I confirm my consent for Start Up Stirling to use the information contained in this application, and any associated documents, for the purposes of data processing for the recruitment of this role.

If unsuccessful, I provide my consent that my data will be held for 6 months securely and then destroyed.

If successful, and employed by Start Up Stirling, my recruitment data will be held for the duration of my employment and for a further 6 months.

Signature:

Date:

Return to:

Linda Sterry, Project Co-ordinator
Start Up Stirling, 16B Whitehouse Road, Stirling, FK7 7SP.
W. www.startupstirling.org.uk E: linda@startupstirling.org.uk

<http://www.facebook.com/startup.stirling>
<https://twitter.com/stirlingstartup>

Helping local people in hardship.

Registered Charity No. SC035477

Equal Opportunities Monitoring Form

Start Up Stirling is working towards equality of opportunity in all aspects of its work. In employment, our policy is to provide employment regardless of race, colour, ethnic origin, disability, marital status or sexuality.

To ensure our policy is carried out, we monitor those who apply to us for jobs so that no group of applicants is considered less favourably than others. To help us do this, we ask that you complete this form and return it with your application. The information is held separately and will not affect your application in any way.

PLEASE TICK BOX

Male

Female

ETHNIC ORIGIN

Asian

European

Black African

Far Eastern

Black British

White British

Caribbean

White Other

Other (Please specify)

Do you have a disability? Yes No

If yes, please specify

Thank you for your assistance.