

UCVO TRADING LTD
Registered No: SC296661

Please complete in black ink (BLOCK CAPITALS) and return the form to:
Third Sector Hebrides,
30 Francis Street, Stornoway, Isle of Lewis, HS1 2ND

Are you applying for:			
Full	<input type="checkbox"/>	Part	<input type="checkbox"/>
Time		Time	

1. Post Information

Post Title: **PRODUCTION ASSISTANT**

Department: **AM PAIPEAR**

Closing Date: **21/12/2011**

2. Personal Details

Preferred Title: _____	Surname: _____
Other Names: _____	National Insurance: __ __ / ____ / ____
Address: _____	Telephone: Home: _____
_____	Work: _____
_____	Mobile: _____
Postcode: _____	Email: _____

3. References

References will be taken up for all shortlisted candidates; if you object to this, please tick here:

Two references are required. One should be from your latest or present employer if possible. School leavers should give a teacher or head teacher.

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
_____	_____
_____	_____
Postcode: _____	Postcode: _____
Tel No: _____	Tel No: _____

4. Employment Record

Present of Most Recent Employment

Name and address of employer: _____

Nature of Business: _____

Post Held: _____

Date Appointed: ____/____/____ Date left (if applicable): ____/____/____

Salary Scale: £ _____ to £ _____ Present Salary: £ _____ Notice Period: _____

Reason for leaving/ wish to leave: _____

Please give a brief outline of your duties and responsibilities: _____

Previous Employment: (Please continue on additional sheet if necessary)

Name and address of employer and nature of business	From	To	Post title and brief details of main duties	Reason for Leaving

5. Education and Training

Please list examination passes achieved at school or in further education

Qualification/ Level	Subject	Grade

Please provide details of higher education

University or college	Degree or qualification obtained	Duration

Please provide details of any professional qualifications held not listed above

Qualification	Relevant Body	Duration

Membership of Professional Associations and Institutes

Name of Association/ Institute	Membership No.	Grade of Membership	Date of Entry

Other Training- Relevant to this application

Name of Course	Provided by	Duration

6. General Information

Health/ Medical Information

Do you have, or have you had, any recurring health problems likely to affect your ability to fulfil the requirements of this post? Yes No

Please give dates and explain any time over one week lost to illness in the last three years.

From	To	Reason for Absence

Name and address of doctor

Relationship

If you are related to, or a partner of, any Board member or employee of the Third Sector Hebrides group, you are required to indicate it. This will not affect your employment opportunity.

Board member/ Staff member	Relationship

Criminal Convictions

Please see Guidance Notes - Section 4

Have you a current criminal conviction or caution i.e. one that is not spent? Yes No

Driving Details

Do you hold a valid full driving licence? Yes No

Do you have any current endorsements? Yes No

Gaelic

Can you speak Gaelic? Yes No

Can you read Gaelic? Yes No

Can you write Gaelic? Yes No

Disability

Third Sector Hebrides meets the Positive about Disabled People standard. We welcome applications from candidates with disabilities and will make every effort to ensure a fair selection process.

Please describe below any reasonable adjustments which you feel should be made to the recruitment process to assist your application for the job/ attendance for interview: _____

Please describe below any reasonable adjustments which you feel should be made to the job itself if you are successful, which would enable you to carry out the job duties: _____

The personal information given on this form will be treated in confidence and will not be disclosed to any third parties except permitted by law or where consent has been given. The information given is being gathered for internal consideration by Third Sector Hebrides.

Third Sector Hebrides will store this application in a safe and secure manner. The information gathered on the form will be retained for no longer than is necessary for the purposes of processing the application.

7. Supporting Statement

You may continue overleaf

8. Declaration

I declare that the information given on this application form is to the best of the knowledge true and complete. I understand that Third Sector Hebrides reserves the right to verify claims made in this application. I agree and understand that any misrepresentation of facts contained in this form shall constitute just cause for the termination of my employment with Third Sector Hebrides.

Signature: _____ Date: ____/____/____

