

If you need a large print or other version of this form please call, 020 8150 4100 and ask for the Recruitment Team.

CONFIDENTIAL

## APPLICATION FOR EMPLOYMENT

App No (For HR Office use only)

### JOB DETAILS

Post: \_\_\_\_\_

Ref no: \_\_\_\_\_

APPLICANTS SHOULD: COMPLETE THIS FORM IN TYPE OR BLACK INK; REFER TO THE GUIDANCE NOTES; NOTE THAT CVS WILL NOT BE ACCEPTED AND NOTE THAT APPLICATIONS AFTER THE CLOSING DATE WILL NOT NORMALLY BE CONSIDERED.

### PERSONAL DETAILS

<b>Title (Mr/Mrs/Ms/Miss/Other):</b>	<b>Daytime Telephone Number:</b>
<b>Surname:</b>	<b>Home Telephone Number:</b>
<b>First Names:</b>	
<b>Address:</b>	<b>Mobile Telephone Number:</b>
<b>Town/County:</b>	<b>Email Address:</b>
<b>Postcode:</b>	<b>National Insurance No:</b>
<b>Do you hold a full current Driving Licence?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

Are you a close relative of any of the Group's staff, its Board of Management, Regional Committees or Tenants?     YES     NO

If YES, please state relationship and address:

Are you a tenant of the Group?     YES     NO

Have you previously been employed by the Group in the last 12 months?     YES     NO

If YES, please give details of Post(s)/Location(s)/Date(s):

Are you able to take up employment in the UK with no current immigration restrictions?

YES     NO

(If you are successful you must provide evidence of your right to work in the UK prior to your appointment.)

## **SUPPORTING STATEMENT**

Please use this section to explain in detail how you meet all the entry-level requirements listed in the role profile and your suitability for the post. This should include all aspects of your education/training/professional membership and experience, including paid or unpaid work, **which are relevant to this position.**

Your Supporting Statement should be no longer than 3-sides of A4 and should use the following headings:

**Previous Experience**

**Education/Training/Professional Membership**

**Abilities/Skills/Knowledge**

**Other Information**

**SUPPORTING STATEMENT**

**Supporting Statement Continued**

(Please attach additional sheet if necessary)

## DISABLED PEOPLE

Any applicant with a disability whose application meets the minimum entry-level requirements of the post will be short-listed to attend the next stage of the selection process.

Do you consider yourself to have a disability?  YES  NO  Prefer not to state

If YES, please use the space below to tell us of any adjustments we shall need to make during the selection process.

## DISCLOSURE OF CRIMINAL CONVICTIONS

All applicants must answer the following question:

Do you have any unspent convictions?  YES  NO

Applicants applying to work in a position that will involve them in the care of/services to vulnerable people need to answer the following question – please refer to the role profile to see if this applies to you. (All successful applicants for these posts will be required to have a Criminal Records Bureau Check):

Have you ever been convicted of a criminal offence, received a caution, reprimand, warning or do you have any pending criminal charges? (This includes spent and unspent convictions.)

YES  NO

If you answer YES to the above questions you will be asked if called to interview to take full details of the conviction (s)/offence (s) – please refer to Guidance Notes.

## HEALTH & GENERAL ATTENDANCE

All offers of employment are subject to medical clearance, and when taking up references we shall check absence details with your referees or via our Occupational Health Advisor. Genesis Housing Group reserves the right to request a full pre-employment medical for all applicants offered employment. If you would like us to take account of any health-related information at this stage please tell us using the space below:

## REFEREES

Please supply referee details. References need to cover the last three years, we need a minimum of two and should include your current and previous employer – but please refer to Guidance Notes for further details.

Name:

Job Title:

Organisation:

Address:

Postcode:

Telephone No.:

E-mail Address:

Fax No.:

Relationship:

May we contact this referee

prior to interview?  YES  NO

Name:

Job Title:

Organisation:

Address:

Postcode:

Telephone No.:

E-mail Address:

Fax No.:

Relationship:

May we contact this referee

prior to interview?  YES  NO

## DECLARATION

I confirm that, to the best of my knowledge, the information given in this application form is true and correct. I understand that giving false and misleading statements or withholding information could result in my dismissal. I agree that the information given on this form (and the accompanying Employment Monitoring form) may be used for registered purposes under the Data Protection Act 1998.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please note: If you are returning this form by e-mail or online, you will be asked to sign your application if you are called for interview. Candidates selected for interview will be notified within 3 weeks of the closing date.

**PLEASE RETURN COMPLETED APPLICATION AND EMPLOYMENT MONITORING FORMS TO THE ADDRESS ON THE ACCOMPANYING LETTER.**

Please return your completed application form to:

Recruitment Team  
Genesis Housing Group  
Capital House  
25 Chapel Street  
London NW1 5DT

## EMPLOYMENT MONITORING

Genesis Housing Group is committed to achieving equality of opportunity in employment and welcomes applications from all sections of the community. The Group's Equalities and Diversity policy is enclosed for your information. In order to monitor the effectiveness of this policy we ask all applicants to complete the questionnaire below. This page is detached from your application form on receipt and will not be made available to the selection panel.

This information will be held on computer for monitoring purposes only and is subject to the provisions of the Data Protection Act 1998.

**Name:** \_\_\_\_\_

**Gender:** Male  Female

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Position applied for:** \_\_\_\_\_

**Job Reference** \_\_\_\_\_

### Ethnicity

Please tick **one** box only.

Asian or Asian British Bangladeshi	<input type="checkbox"/>	Mixed Other	<input type="checkbox"/>
Asian or Asian British Indian	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>
Asian or Asian British other	<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>
Asian or Asian British Pakistani	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>
Black or Black British African	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
Black or Black British Caribbean	<input type="checkbox"/>	White British	<input type="checkbox"/>
Black or Black British other	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	White Other	<input type="checkbox"/>
East European	<input type="checkbox"/>	Prefer not to state	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>		

### Sexual Orientation

Please tick **one** box only.

Bisexual	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Prefer not to state	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>		

## Religion / Belief

Please tick **one** box only.

<b>Buddhist</b>	<input type="checkbox"/>
<b>Christian</b>	<input type="checkbox"/>
<b>Hindu</b>	<input type="checkbox"/>
<b>Jewish</b>	<input type="checkbox"/>
<b>Other - Please specify</b>	<input type="checkbox"/>
<b>Prefer not to state</b>	<input type="checkbox"/>

<b>Muslim</b>	<input type="checkbox"/>
<b>Sikh</b>	<input type="checkbox"/>
<b>None</b>	<input type="checkbox"/>

## Disability

### What do we mean by disability?

The term 'disability' covers both physical and mental impairments that have a substantial and long-term (i.e. has lasted or is expected to last for at least 12 months) effect on a person's ability to carry out normal day-to-day activities.

### Examples of Disability

- People with HIV, cancer and multiple sclerosis
- Mental health conditions such as schizophrenia
- Learning disabilities such as Down's Syndrome

Do you consider yourself to be disabled?

<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Prefer not to state</b>	<input type="checkbox"/>
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Where did you see the job advertised?

**Newspaper/Publication**

Please state name \_\_\_\_\_

**Internal Bulletin**

**Internet**

Please state source \_\_\_\_\_

**Other**

Please provide details \_\_\_\_\_