

Thank you for your interest in this post. Circle will welcome and carefully consider your application. The information you supply on this form will be treated in confidence.

Please refer to our Privacy Notice on our website.

Please email your completed application form to [recruitment@circle.scot](mailto:recruitment@circle.scot)

**Please note that all Circle’s recruitment is competency based which should be taken into account when completing this application form.**

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| **JOB APPLICATION FORM**  **PRIVATE & CONFIDENTIAL** | |
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| Application for the post of: |  |
| Location: |  |

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| **Section 1: PERSONAL INFORMATION** | | | | | | | |
|  | | | | | | | |
| Name: |  | | | | | | |
| Address: |  | | | | Tel (home): |  | |
| Tel (work): |  | |
| Postcode: |  | | | | Mobile: |  | |
| Email: |  | | | | | | |
| Current driving licence? | | YES/NO | | | Groups: |  | |
| Expiry date: | |  | | |  | | |
| Details of any endorsements: | | |  | | | | |
| Are there any restrictions on you taking up employment in the UK? | | | | | | | YES/NO |
| If yes, please provide details: | | | | | | | |
|  | | | | | | | |
| Do you require a work permit? | | | | YES/NO | | | |
| How did you hear about this post? | | | |  | | | |

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| **Section 2: EDUCATION AND PROFESSIONAL TRAINING** | | | |
|  | | | |
| Please give details of any courses undertaken and qualifications gained with dates which you feel are relevant to this application (include part-time, full-time and correspondence courses). Please continue on a separate sheet if necessary. | | | |
| Educational Institution | Qualifications gained | Dates (mm/yy) | |
| From | To |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
| Please detail any other relevant training: | | | |
|  | | | |
| SSSC Registration Number (if applicable): |  | | |

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| **Section 3: EMPLOYMENT HISTORY (starting with your current or most recent employment)** | | | | | |
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| Name of Employer: |  | | | | |
| Address: |  | | | | |
| Postcode: |  | Telephone: |  | | |
| Email: |  | | | | |
| Your Job Title: |  | | | Salary: |  |
| Start date: |  | End date: | |  | |
| Key tasks/  responsibilities in this role:  *(Please continue on a separate sheet if necessary.)* |  | | | | |
| Key achievements in this role:  *(Please continue on a separate sheet if necessary.)* |  | | | | |
| Reason for leaving: |  | | | | |

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| **Section 3 continued: EMPLOYMENT HISTORY continued** | | | | | |
|  | | | | | |
| Name of Employer: |  | | | | |
| Address: |  | | | | |
| Postcode: |  | Telephone: |  | | |
| Email: |  | | | | |
| Your Job Title: |  | | | Salary: |  |
| Start date: |  | End date: | |  | |
| Key tasks/  responsibilities in this role:  *(Please continue on a separate sheet if necessary.)* |  | | | | |
| Key achievements in this role:  *(Please continue on a separate sheet if necessary.)* |  | | | | |
| Reason for leaving: |  | | | | |

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| **Section 3 continued: EMPLOYMENT HISTORY continued** | | | | | |
|  | | | | | |
| Name of Employer: |  | | | | |
| Address: |  | | | | |
| Postcode: |  | Telephone: |  | | |
| Email: |  | | | | |
| Your Job Title: |  | | | Salary: |  |
| Start date: |  | End date: | |  | |
| Key tasks/  responsibilities in this role:  *(Please continue on a separate sheet if necessary.)* |  | | | | |
| Key achievements in this role:  *(Please continue on a separate sheet if necessary.)* |  | | | | |
| Reason for leaving: |  | | | | |

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| **Section 3 continued: EMPLOYMENT HISTORY continued** | | | | | |
|  | | | | | |
| Name of Employer: |  | | | | |
| Address: |  | | | | |
| Postcode: |  | Telephone: |  | | |
| Email: |  | | | | |
| Your Job Title: |  | | | Salary: |  |
| Start date: |  | End date: | |  | |
| Key tasks/  responsibilities in this role:  *(Please continue on a separate sheet if necessary.)* |  | | | | |
| Key achievements in this role:  *(Please continue on a separate sheet if necessary.)* |  | | | | |
| Reason for leaving: |  | | | | |

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| If offered employment by Circle, when would you be able to take up the post? |  |
| **Other employment**  If engaged by Circle, would you be employed or self-employed in any other capacity? | YES/NO |
| If Yes please give details: | |
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| **Section 4: CAUTIONS, REHABILITATION AND CRIMINAL RECORDS** | |
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| Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) (a) and (b) of the Rehabilitation of Offenders Act 1974 by virtue of the, Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013,which means that convictions that are unspent under the terms of the Rehabilitation of Offenders Act 1974 and certain relevant spent convictions must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.  In addition, if successful in being appointed, you may be required to have a PVG check, the results of which will remain strictly confidential. | |
| Do you have any unspent convictions or any relevant spent convictions? | YES/NO |
| If YES, please give details: | |
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| **Section 5: REFERENCES** | | |
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| **Please give the details of two persons from whom we may obtain a reference for you.** Your first reference **must** be your present or most recent employer.  If you are unable to provide work experience referees please provide details of persons from whom we would be able to obtain a character reference. | | |
|  | **REFERENCE 1** | **REFERENCE 2** |
| Name: |  |  |
| Job Title: |  |  |
| Organisation: |  |  |
| Address: |  |  |
| Tel: |  |  |
| Email: |  |  |
| Please indicate in what capacity you are known to the referee: |  |  |
|  | Do you wish to be consulted before this referee is approached:  Yes  No | Do you wish to be consulted before this referee is approached:  Yes  No |

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| **Section 6: DECLARATION (Please read this carefully before signing this application)** | | | |
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| 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. I agree that should I be successful in this application, I will, if required, apply to Disclosure Scotland for a disclosure. I understand that, should I fail to do so or should the disclosure not be to the satisfaction of Circle, any offer of employment may be withdrawn or my employment terminated. | | | |
| Signed: |  | Date: |  |



**EQUAL OPPORTUNITIES FORM**

Monitoring diversity of job applicants

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| Application for the post of: |  |
| Location: |  |

1. Circle’s Equal Opportunities and Diversity Statement includes provisions for monitoring the effectiveness of our policy. This policy is in accordance with the Sex Discrimination Act 1975, the Race Relation Act 1976, the Disability Discrimination Act 1995 and the Equality Act 2010.
2. This form will not be used as part of the selection process. Its purpose is solely to enable Circle to monitor its short-listing and appointment procedures in order to ensure that its Equal Opportunities and Diversity Statement is being effectively implemented.
3. This form is detached from your application and will remain anonymous.
4. Candidates are encouraged to inform Circle if they require any particular assistance if an interview is offered.
5. We would be grateful if you would complete the boxes below. We would particularly draw your attention to the fact that if none of the ethnic categories apply to you, group 11 allows you to state an alternative.

I would categorise my ethnic origin as follows (please tick appropriate box):

|  |  |  |  |
| --- | --- | --- | --- |
| 1. White |  | 8. Black – Caribbean |  |
| 1. Irish |  | 9. Black – other (please specify) |  |
| 1. Pakistani |  |  | |
| 1. Indian |  | 10. Mixed heritage |  |
| 1. Bangladeshi |  | 11. Other – please specify |  |
| 1. Chinese |  |  | |
| 1. Black – African |  |  | |

1. Circle is keen to increase the numbers of people with disabilities currently in its employment. The following is sought only for monitoring purposes.

|  |  |
| --- | --- |
| Do you consider yourself to have a disability? | YES/NO |
| If yes, please state the nature of your disability: |  |

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|  |

1. Please indicate your gender:
2. Please indicate which age group you are in:

|  |  |  |  |  |  |  |  |  |  |
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| Under 25 |  | 25 - 34 |  | 35 - 44 |  | 45 - 54 |  | Over 55 |  |