

For Office Use Only:

Post Applied for:

Handyperson

Job Application Form

Closing
Date:

This position will remain open until a suitable candidate is found. We encourage interested applicants to apply as soon as possible.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN
CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Contact Telephone Number:

Mobile Telephone Number:

E-mail address:

Are you free to remain and take up employment in the UK
with no current immigration restrictions?

Yes

No

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Current or Most Recent Employment

Name of Employer:

Address:

Postcode:

Post Title:

Start date:

Brief description of duties:

Period of Notice (if applicable):

Leaving Date (if applicable):

Reason for leaving (if applicable):

Current salary:

 per annum pro rata (if applicable)

Section 3 Previous Employment (Most recent first)

Please give details of paid and any relevant unpaid volunteer roles.

Name of Employer:

Address:

<input type="text"/>
<input type="text"/>
Postcode:

Position Held:

Dates worked:

Brief description of duties:

Reason for leaving:

Name of Employer:

Address:

<input type="text"/>
<input type="text"/>
Postcode:

Position Held:

Dates worked:

Brief description of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode:

Position Held:

Dates worked:

Brief description of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode:

Position Held:

Dates worked:

Brief description of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode:

Position Held:

Dates worked:

Brief description of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode:

Position Held:

Dates worked:

Brief description of duties:

Reason for leaving:

Continue on a separate sheet if necessary

Section 4 Education and Training

Please give details of any qualifications obtained from Universities, Colleges and Schools and training courses which are relevant to your application, in chronological order starting with the most recent.

University/College/School/Other	Course	Qualifications and Grades Obtained and Dates
Title of Training Programme or Course and qualification if any		Duration and Dates

Continue on a separate sheet if necessary

Section 5 Personal Statement

Abilities, skills, knowledge and experience.

Using the **Person Specification** as a guide, please outline how your knowledge, experience, skills and achievements are relevant to this post and how they meet the requirements of the **Job Description**. Please limit your response to no more than 2 pages of A4



Section 6 Protecting Vulnerable Adults & Children

Action Foundation works with vulnerable adults and children. In seeking to safeguard them, staff are required to have Disclosure and Barring Service checks to ensure their suitability for this post.

Do you have any convictions Yes No

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No

Section 7 The Equality Act 2010

This Act protects people with disabilities from unlawful discrimination. The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on the ability to perform normal day-to-day activities.

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes No

If yes, please give details:

Section 8 References

Please give the names and addresses of two referees; one should be your most recent employer if applicable. Please do not give members of your family.

Reference 1

Name:

Position:

Relationship:

Organisation:

Address:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone:

Email:

Are you willing for this referee to be approached prior to the interview?

Yes No

Reference 2

Name:

Position:

Relationship:

Organisation:

Address:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone:

Email:

Are you willing for this referee to be approached prior to the interview?

Yes No

Section 9 Declaration

Statement to be Signed by the Applicant

All the information given by me on this form is correct to the best of my knowledge.

Signed:

Date:

Please see and complete the **Recruitment Monitoring Form** below.

Recruitment Monitoring Form

Action Foundation is committed to ensuring that access to its services and opportunities for employment and volunteering is available to all sectors of the community. It is vital that we monitor and analyse diversity information so that we can ensure that our HR processes are fair, transparent and promote equality of opportunity for all staff. Your co-operation in providing us with accurate data will help us ensure we design and use policies and processes that attract and retain a diverse and talented workforce.

We would therefore be very grateful if you would complete this form. Please note:

- The information you give is strictly confidential and will not influence your application
- The completion of the form or any part of it is entirely voluntary
- The questions are entirely about how you classify yourself

A. Where did you first hear about this post?

- | | | |
|--|---|---|
| <input type="checkbox"/> Charity Job | <input type="checkbox"/> VONNE | <input type="checkbox"/> Homeless Link |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Sector1 | <input type="checkbox"/> North East Jobs |
| <input type="checkbox"/> Indeed | <input type="checkbox"/> Action Foundation's Website | <input type="checkbox"/> Internal Referrals |
| <input type="checkbox"/> External Referrals | <input type="checkbox"/> Action Foundation's Social Media | |
| <input type="checkbox"/> Any other, please state _____ | | |

B. How would you describe your gender?

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Gender non-conforming | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> If you prefer to use your own term, please specify here _____ | | |

C. How would you describe your sexual orientation?

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Heterosexual / straight | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay man |
| <input type="checkbox"/> Gay woman / lesbian | <input type="checkbox"/> Prefer not to say | |

D. How would you describe your marital status?

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Civil Partnership/ Married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Co-habiting | <input type="checkbox"/> Widowed | <input type="checkbox"/> Prefer not to say |

E. What is your age bracket?

- | | | |
|-----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 16-25 | <input type="checkbox"/> 26-35 |
| <input type="checkbox"/> 36-45 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 56-65 |
| <input type="checkbox"/> Over 65 | <input type="checkbox"/> Prefer not to say | |

F. How would you describe your ethnicity?

Ethnicity is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

White

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Welsh | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Any other White background, please state _____ | | |

Mixed or multiple ethnic groups

- | | | |
|--|--|--|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Any other Mixed ethnic background, please state _____ | | |

Asian

