

Ard Jerkyl, East Foxdale, Isle of Man. IM4, 3HL

General Enquiries: 01624 851672

Email: mail@manxspca.com



ManxSPCA
EST. 1897

CONFIDENTIAL APPLICATION FORM

1 Position applied for _____ Full / Part time

Availability/Notice required in present employment _____

Salary/Wage sought £ _____ Work Permit required Yes / No

Please state where you saw the position advertised _____

2 Personal Details

Title _____ Surname _____ First Name(s) _____

Address _____

_____ Postcode _____

Email address _____

Telephone number: Home _____ Mobile _____

3 Transport

Do you have a current/full driving licence? Yes / No

Do you own a car? Yes / No

If yes, do you have any current endorsements on your licence? Yes / No

If yes, please give details. Please use additional sheets of paper if required _____

4 Health

Are you registered disabled? Yes / No

Are there any adjustments that may be required should you be invited for an interview? Yes / No

If YES, please provide full details. Please use additional sheets of paper if required _____

Are you receiving any medical treatment at present or taking any medication which may adversely affect your ability to carry out the job applied for? Yes / No

If YES, please give full details Please use additional sheets of paper if required _____

How many absences have you had from work or education through sickness in the last 2 years?

Total no. of absences _____ Total no. of days _____

5 Criminal convictions

Do you hold a criminal conviction that is **not considered spent** in accordance with the Rehabilitation of Offenders Act 2001? **YES / NO**

Are you subject to any current criminal proceedings? **YES / NO**. If yes, please give details

6 Summary of Work Experience.

Please start with your most recent employment and list in reverse order. Please use additional sheets of paper if required

Present/last employer _____ Type of
business _____

Employers
address _____

Starting date _____ Leaving date _____ Salary on
leaving _____

No. of employees _____ Job title _____

Other benefits (Pension/medical etc.) _____

Main duties and responsibilities. Please use additional sheets of paper if
required

Present/last employer _____ Type of
business _____

Employers
address _____

Starting date _____ Leaving date _____ Salary on
leaving _____

No. of employees _____ Job title _____

Other benefits (Pension/medical etc.) _____

Main duties and responsibilities. Please use additional sheets of paper if
required

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business _____

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Present/last employer _____ Type of
business _____

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Starting date _____ Leaving date _____ Salary on
leaving _____

No. of employees _____ Job title _____

Other benefits (Pension/medical etc.) _____

Main duties and responsibilities. Please use additional sheets of paper if
required

7 Why are you applying for this position? Please tell us why you have applied for this position and how your skills and experience are relevant to your application. Please use additional sheets of paper if required.

8 Education Please use additional sheets of paper if required.

| A. Secondary education | | | | | |
|--|-----------|---------|----------------|-----------------|---|
| School name/address | Date from | Date to | Subjects taken | Grades achieved | |
| | | | | | |
| B. Further education and training | | | | | |
| University/college name | Date from | Date to | Type of course | Subjects | Qualification or class of degree attained |
| | | | | | |

9 Training Please use additional sheets of paper if required.

| Details of any professional qualifications or training courses completed | Level achieved | Date completed |
|--|----------------|----------------|
|--|----------------|----------------|

| | | |
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10 Community/volunteer experience Please use additional sheets of paper if required.

| Organisation name/address | Date from | Date to | Position/title | Duties |
|---------------------------|-----------|---------|----------------|--------|
|---------------------------|-----------|---------|----------------|--------|

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

11 Interests/hobbies. Please let us know which pastimes, sports, etc. you enjoy.

Offices held in any social/sports clubs

12 Referees. Please give details of two referees, one of whom should be your present or last employer.

Name: _____ Name: _____

Address: _____ Address: _____

Position held: _____ Position held: _____

Tel. _____ Tel. _____

I authorise the charity to obtain references to support this application once an offer has been made and accepted. I release the charity and referees from any liability caused by giving and receiving information.

Declaration: I confirm that the information given in this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection, or if employed, dismissal.

Signature: _____ Date: _____