

Application for Employment

Thank you for your interest in working for the Good Morning Service.

We welcome applications from individuals who have a good understanding of their own skills-set, experience, time commitments and how they might benefit the organisation.

Please carefully consider what you can contribute and what you hope to gain from working for the Good Morning Service.

Please complete, sign and return this application form by post or hand delivery. We welcome additional information which add character to your application.

When complete return to:

Chief Executive
Good Morning Service
Flemington House
110 Flemington Street
Glasgow
G21 4BF

For Official Use Only	
Date application received	
Candidate reference number	
Short listed for interview?	
Date of interview	

Application for Employment

Post Applied For:



No. Hours Per Week:

	
Candidate Number:	(leave blank)
Notes:	
♣ Please hand v	write in black ink.
♣ Please compl	ete all sections.
	elow will be detached from the rest of the application and that information will not be ne short listing panel.
	scept faxed or e-mailed applications. A completed and signed original application form sted or hand-delivered to the address on the cover page by the closing date.
SECTION A: PERS	SONAL DETAILS
Forename:	Surname:
Full Address:	
	Postcode:
Telephone No. (Hon	me):Mobile:
Telephone No. (Wol	rk):(If convenient)
Telephone No. (Wo	K)(II GOITVOINGIN)
Email address:	
	(in capital letters)

SECTION B: HEALTH INFORMATION

Applications from disabled candidates are welcomed and the organisation 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 position, in relation to attending for interview:	
Please describe below any reasonable adjustments which you feel should be made to the employment position itself, if you are successful, which would enable you to carry out the job duties:	

SECTION C: GENERAL INFORMATION

REHABILITATION OF OFFENDERS ACT 1974 - If you have previously been convicted of any offences, please give details unless the conviction can be regarded as "spent" in terms of the Rehabilitation of Offenders Act 1974. See the guidance notes at Disclosure Scotland for completing this application form for more information. If the position which you have applied for has been assessed as eligible for a Disclosure check, this will also be carried out prior to verification of employment.

SECTION D: EDUCATION AND TRAINING

Please list examination passes achieved at school or in further education.

Qualification / level	Subjects	Grades

Please provide details of any higher education undertaken.

University or college	Degree or qualification obtained	Duration

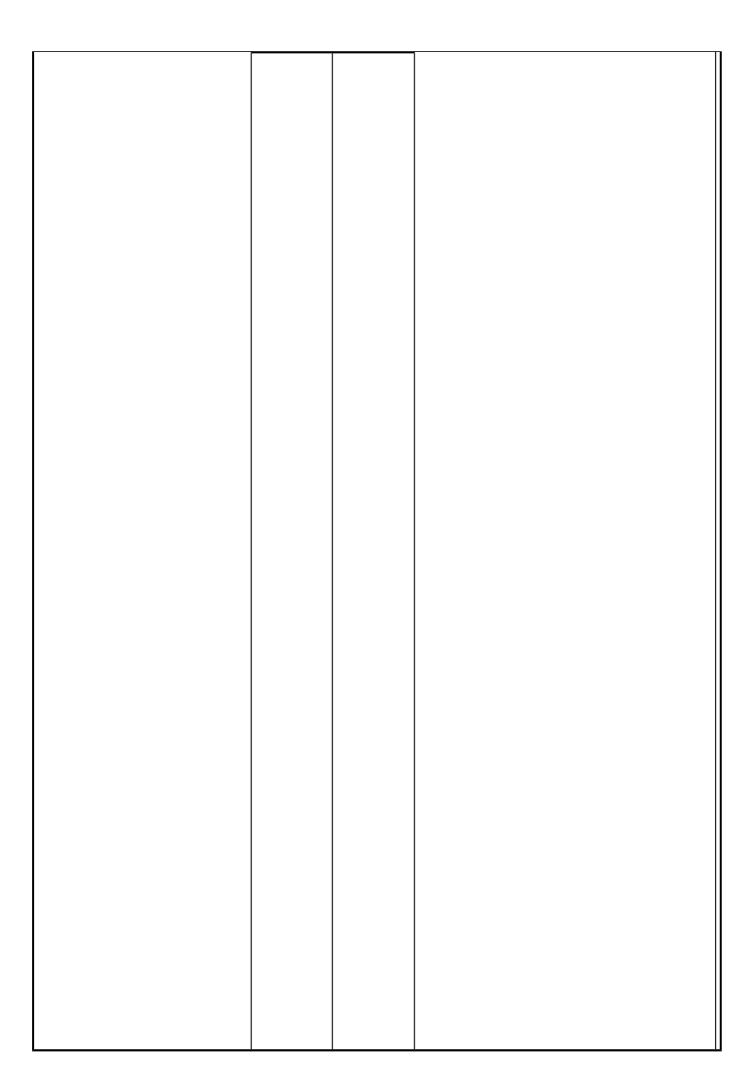
Please provide details of any professional qualifications held not listed above.

Qualification	Relevant body	Duration

Name of course Provided by	Name of Course	Provided by	Date

SECTION E: EMPLOYMENT RECORD

Present or Most Recent Employment				
Name and address of organisation	on:			
Nature of business:				
Post held:				
			e left (if applicable):	
Please describe your duties and	responsibiliti	es:		
·				
Previous Employment (Please	continue on	additional sh	eet if necessary)	
Name and address of employer	Da ^s From	tes	Post title and brief outline of main duties and responsibilities	



SECTION F: SUPPORTING STATEMENT

Please describe the comployment, volunteer who you are, which will if necessary).	r and/or personal expe	erience where appro	priate. Use this spac	e to build a picture of

Please tell us why you want to work at the Good Morning Service. Also tell us what you hope to gain from being employed by the organisation. (Please continue on a separate sheet if necessary). **SECTION H: STORAGE OF SENSITIVE INFORMATION** 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 Good Morning Project Ltd. We will store this Application Form in a secure and safe manner. I authorise the collection of this information by Good Morning Project Ltd. so that it may be used for the

above purpose. It will be my responsibility if any information is incomplete or incorrect. I am aware that I am able to access, according to the Data Protection Act 1998, the information regarding my personal data that is kept by Good Morning Project Ltd., by providing a written request. I can also request the

Date__

correction, addition, or elimination of any data through this written request.

Signature__

SECTION G: REASON FOR APPLYING

SECTION I: REFERENCES

Please supply full details of two referees whom we may approach, one of whom should be your present employer and the other a previous employer. If you are self-employed or unemployed please give details of two people who have direct knowledge of your skills and abilities.

Name:	Name:	
Occupation:	Occupation:	
Address:	Address:	
Postcode:	Postcode:	
Telephone No:	Telephone No:	
Email Address:	Email Address:	
Can we contact before interview? Yes No	Can we contact before interview? Yes No	
SECTION J: DECLARATION		
accompanying pages of the application form are	belief all particulars I have given in this and the e complete and true. I understand that any false ssion could result in termination of my position submitting this application.	
I understand that any offer will be subject to receipt results and a probationary period.	of, satisfactory references, satisfactory Disclosure	
I authorise Good Morning Project Ltd to verify inform e-mail, fax or letter.	ation contained in this application via telephone,	
I understand that third parties may be consulted to verify qualifications, criminal convictions and health information.		
Signature_	Date	