



The Manager
Walsall Community Transport
The Old Dairy, Pelsall Lane
Little Bloxwich
Walsall WS3 3DH

APPLICATION FOR EMPLOYMENT

enquiries@walsallct.org.uk
01922 685555

Position applying for:

To ensure we are meeting our commitment to equality, we will detach your personal details and the equal opportunities monitoring section on receipt of this form so that your name, ethnic origin, age, gender or disability will not form part of the shortlisting process. Once this exercise has been completed, your personal details will be retrieved for monitoring and correspondence purposes.

If you require help in completing this application form, please contact the HR Team on 01922 685555

PLEASE DO NOT WRITE ON THE BACK OF THESE PAGES

Personal Details

Preferred Title (e.g., Dr, Mr, Mrs, Miss, Ms)	Forename(s)	Surname
Address	Preferred telephone number (Work/Home/Mobile)	
	Other telephone number (Work/Home/Mobile)	
Postcode	E-mail address	

Request for a Guaranteed Interview

Community Transport is committed to the employment of disabled people. To demonstrate our commitment we guarantee an interview to anyone with a disability whose application meets the essential criteria for the post.

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

I consider myself to have a disability and wish to claim an interview.
(subject to the essential criteria of the post being met)

Yes No

We will try to provide access, equipment or other practical arrangements to ensure that people with disabilities can compete on equal terms with non-disabled people. Please give details of any special facilities or arrangements you may require in the recruitment process below.

Equal Opportunities Monitoring

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. Thank you for your assistance.

ABOUT THE VACANCY

Please state which job you have applied for and the closing date given for applications.

Job applied for:

Closing date:

Where did you hear about this job (please select)?

- Newspaper
- Word of mouth
- Recruitment company/ website
- CT website
- Social media
- Other (please specify)
-

GENDER

- Male
- Female
- Prefer not to say

(If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

GENDER IDENTITY

Do you identify as transgender/transsexual (please select)?

- Yes
- No
- Prefer not to say

ETHNIC GROUP

How would you describe your ethnicity (please select)?

White:

- British
- English
- Gypsy or Traveller
- Irish
- Northern Irish
- Scottish
- Welsh
- Other White background

Mixed race:

- White and Asian
- White and Black African
- White and Black Caribbean
- Other mixed background
- Black or Black British:**
- African
- Caribbean
- Other Black background

Asian or Asian British:

- Chinese
- Bangladeshi
- Indian
- Pakistani
- Other Asian background
- Other ethnic groups:**
- Arab
- Other ethnic group
- Prefer not to say

AGE

- 16–17
- 18–21
- 22–30
- 31–40
- 41–50
- 51–60
- 61–65
- 66–70
- 71+
- Prefer not to say

SEXUAL ORIENTATION

How would you describe your sexual orientation (please select)?

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

Are you open about your sexual orientation (please select)?

- | | Yes | No |
|-------------------|--------------------------|--------------------------|
| At home | <input type="checkbox"/> | <input type="checkbox"/> |
| With colleagues | <input type="checkbox"/> | <input type="checkbox"/> |
| With your manager | <input type="checkbox"/> | <input type="checkbox"/> |
| Generally | <input type="checkbox"/> | <input type="checkbox"/> |

RELIGION OR BELIEF

Please describe your religion or other strongly-held belief.

I would describe my religion or belief as:

- | | |
|---|--------------------------|
| I have no particular religion or belief | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

DISABILITY

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". For the purpose of this form, "long-term" is defined as 12 months or more.

Do you consider that you have a disability under the Equality Act (please select)?

- | | | | |
|--|--------------------------|-------------------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Used to have a disability but have now recovered | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

MARITAL STATUS

Please select your marital status.

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

CARING RESPONSIBILITIES

Do you have caring responsibilities (please select)?

- | | |
|---|--------------------------|
| None | <input type="checkbox"/> |
| Primary carer of child/ children (under 18) | <input type="checkbox"/> |
| Primary carer of disabled child/ children (under 18) | <input type="checkbox"/> |
| Primary carer of disabled adult (18 and over) | <input type="checkbox"/> |
| Primary carer of older person | <input type="checkbox"/> |
| Secondary carer (another person carries out main caring role) | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

APPLICATION FOR EMPLOYMENT

Relationships

Do you have a relationship (personal, business or professional) with an employee, volunteer, ex-employee or trustee of the charity, or have you or a family member ever worked for the charity before?

Yes No *If yes, please give details.*

Employment

Please give details of your **current or most recent** job.

Job Title:	Date started:
Company Name:	Date left: <i>(if applicable)</i>
Company address:	Key responsibilities and achievements:
Telephone Number:	
Salary:	
Benefits: <i>(e.g. Company Car, Private Medical Insurance etc)</i>	
Reason for leaving:	
Period of notice required (if applicable):	

Previous Employment

Please give details of **all** jobs you have held in the last 10 years. **List in chronological order, starting with the most recent.** Include details of any gaps in employment or education (e.g. unemployment and travel).

Dates From / To	Employer name and address	Job title and brief description of duties (including key responsibilities and achievements)	Salary (and other benefits)	Reason for leaving

Please continue on a separate sheet if necessary

Education and Qualifications

Please give details of nationally recognised vocational and academic qualifications you have gained for example GCSE, NVQ, A level, Degree etc. Successful candidates will need to produce original certificates / qualifications.

School/ College/ University name	Dates attended From - To	Subject(s)	Level	Grade(s)

Please continue on a separate sheet if necessary

Training and Development

Please give details of any other relevant training and development.

Training organisation	Course attended	Date

Please continue on a separate sheet if necessary

Availability

For each day of the week, please write the times you are available to work. Please indicate the earliest time you can start and the latest time you can finish.

- MON am pm
 TUE am pm
 WED am pm
 THU am pm
 FRI am pm
 SAT am pm
 SUN am pm

Please indicate the maximum number of hours you can work each week: Hours

Suitability

You may use this section to provide relevant information to explain why you are suitable for the post. In **no more than 750 words** you should address each of the relevant essential / desirable requirements listed in the person specification, giving evidence of your skills, experience and knowledge in each area. Please include specific examples from paid or voluntary work, home working, leisure activities or training and education activities. You may continue on a separate sheet if necessary.

Criminal Convictions

Have you ever been convicted or found guilty by a Court of any offence in any Country? Have you been put on probation, received a formal caution or been absolutely / conditionally discharged for any offence? Do you have any pending court action against you? If yes, please give full details and dates. Yes No

This post is exempt from the Rehabilitation of Offenders Act 1974. You are required to declare any pending prosecutions or convictions you may have, even if they would otherwise be regarded as "spent" under the Act. You must also declare any cautions or bind-overs.

Please enter "N/A" if none. If this declaration is left completely blank, your application will not be considered.

Date	Offence	Sentence	Court

Right to Work

Are you legally entitled to work in the UK? Yes No

We will require evidence of this prior to commencing employment

Driving Licence Details

Do you have a driving licence? Yes No

Do you have the use of a car? Yes No

Do you have a D1 entitlement on your licence? Yes No

What type of licence do you have? Full Provisional PCV

Do you have any endorsements on your licence? Yes No

(If yes, please give dates/details)

References

Please give names and addresses of **two** referees, not related to you, who are willing and able to provide up-to-date information on your qualifications, experience and skills. **One of these MUST be your current or most recent employer, a referee related to relevant voluntary or community work or, if appropriate, your head teacher/lecturer/tutor from your last school/college/university. Please note your current employer will not be contacted until an offer is accepted.**

Name	Name
Organisation (<i>Present/most recent employer, voluntary work</i>)	Organisation
Position/Relationship to applicant	Position/Relationship to applicant
Address	Address
Postcode	Postcode
Telephone no.	Telephone no.
E-mail	E-mail

Data Protection

The Data Protection Act 1998 (“the Act”) sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application (“the information”) will be used solely for the purposes of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

Signed:

Dated:

Printed:

Undertaking

Please read and sign the following undertaking: I confirm that the information I have given on this application form is, to the best of my knowledge and belief, true in all respects. I understand that, should I have deliberately made a false or misleading statement on this form my future employment can be terminated without notice.

*Signed:

Dated:

Printed:

Please note:

We are an equal opportunities employer and will not tolerate discrimination in any form.

* Community Transport will require all electronic applications to be signed at interview.

Signature at interview

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