CONFIDENTIAL

Cardonald COLLEGE GLASGOW

Scotland's Colleges

APPLICATION FOR EMPLOYMENT

Please complete **ALL** sections clearly using **black ink** and, in section 1-5, **Block capitals. Selection will be based only on the contents of the application form (Section 8 onwards). A Curriculum Vitae will not be accepted for the selection process. It is essential that your National Insurance number is inserted in the appropriate boxes as it will provide the link to your application.** Canvassing, directly or indirectly, will constitute a disqualification.

Cardonald College pursues a policy of equal opportunities. Our aim is to ensure that job applicants are recruited according to their competence and ability and that they have the ongoing potential to progress within our College as opportunities occur. **In order to enhance equality of opportunity and objectivity within the selection process, sections 2-7 will not be used for selection purposes. Sensitive personal details will only be used for equal opportunities monitoring and employee record purposes.**

1 POST APPLIED FOR

NATIONAL INSURANCE NUMBER

How did you learn of this vacancy?

2 PERSONAL DETAILS

TITLE (eg. Mr/Mrs/Miss/Ms)

SURNAME

FIRST NAME(S)

PREVIOUS SURNAME (if applicable)

DATE OF BIRTH

ADDRESS

NATIONALITY

NON-UK/EU NATIONALS – Work permit No.

EXPIRY DATE

POSTCODE

TELEPHONE NO. (day)

TELEPHONE NO. (evening)

FAX NO. (day/eve)

EMAIL

3 PART TIME WORKING

DO YOU WISH TO APPLY FOR THIS POST ON A PART TIME BASIS? YES ☐ NO ☐

IF YES, PLEASE INDICATE YOUR PREFERRED HOURS OF WORK

4 REFEREES

Name, address and occupation of two referees, one of whom should be your current or most recent employer and should know you in a work capacity.

*** Please tick box if you have objections to a referee being contacted prior to interview.** It should be noted that most recent employer will be contacted prior to final selection decision.

	Name	Address	Occupation	Tel No.	Email
☐ 1					
☐ 2					

5 EQUAL OPPORTUNITIES

GENDER Male ☐ Female ☐ Other, please specify ☐

Have you ever been identified as being transgender YES ☐ NO ☐

DISABILITY Are you disabled or do you have a long-term limiting illness or condition? YES ☐ NO ☐ I prefer not to say ☐

Please give further details if you wish. This will help us to facilitate your needs/requirements.

If you wish to discuss this further, please contact: 0141 272 3232

ETHNIC ORIGIN Please choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A WHITE	B MIXED	C ASIAN OR ASIAN BRITISH	D BLACK OR BLACK BRITISH	E CHINESE OR OTHER ETHNIC GROUP
English ☐	Any mixed background ☐	Indian ☐	Caribbean ☐	Chinese ☐
Scottish ☐		Pakistani ☐	African ☐	Any other ethnic group, please state
Welsh ☐		Bangladeshi ☐	Any other black background ☐	
Irish ☐		Any other Asian background ☐		
Any other white background ☐		I prefer not to say ☐		

RELIGION

I would describe my religious background/belief as: ☐

I have no religious beliefs: ☐ I prefer not to say ☐

SEXUAL ORIENTATION

Bi-sexual ☐ Gay man ☐ Gay woman/lesbian ☐ Heterosexual/Straight ☐ I prefer not to say ☐

6 REHABILITATION OF OFFENDERS

The Rehabilitation of Offenders Act 1974 (Exclusions & Exceptions)(Scotland) Order 2003 as amended applies to all lecturing posts as there is provision to persons under 16.

If you are invited to interview, you will be required to complete a Criminal Convictions Declaration. If your application is to be taken further, the College will undertake an enhanced criminal record check with Disclosure Scotland.

7 DECLARATION

The information in this form may be recorded in a computerised Human Resources system. The information held may be accessed by employees as per the Data Protection Act 1998.

(Read carefully)

I certify that all information contained in the whole of this form is true and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal without notice.

Signature ☐ Date ☐

FOR OFFICE USE ONLY

Acknowledgement date: _____

Interview date: _____ Selection result: _____

NATIONAL INSURANCE NUMBER	POST APPLIED FOR

8 EDUCATION AND TRAINING

SCHOOL EDUCATION

DATES	QUALIFICATIONS		
	Subject	Level	Grade

FURTHER OR HIGHER EDUCATION

DATES	AWARDING BODY	QUALIFICATION	LEVEL

PARTICULARS OF FORMAL TRAINING OR APPRENTICESHIP(S)

	DATE AWARDED

MEMBERSHIP OF PROFESSIONAL BODIES

NAME OF INSTITUTE	TYPE OF MEMBERSHIP	DATE AWARDED

NATIONAL INSURANCE NUMBER	POST APPLIED FOR

9 CURRENT OR MOST RECENT EMPLOYMENT

POST	
CURRENT SALARY	FROM/TO
EMPLOYER NAME/ADDRESS	REASON FOR LEAVING (if appropriate)
	PERIOD OF NOTICE
MAIN DUTIES AND RESPONSIBILITIES	

NATIONAL INSURANCE NUMBER	POST APPLIED FOR

10 PREVIOUS EMPLOYMENT

POST	
SALARY	FROM/TO
EMPLOYER NAME/ADDRESS	REASON FOR LEAVING
MAIN DUTIES AND RESPONSIBILITIES	

POST	
SALARY	FROM/TO
EMPLOYER NAME/ADDRESS	REASON FOR LEAVING
MAIN DUTIES AND RESPONSIBILITIES	

POST	
SALARY	FROM/TO
EMPLOYER NAME/ADDRESS	REASON FOR LEAVING
MAIN DUTIES AND RESPONSIBILITIES	

POST	
SALARY	FROM/TO
EMPLOYER NAME/ADDRESS	REASON FOR LEAVING
MAIN DUTIES AND RESPONSIBILITIES	

NATIONAL INSURANCE NUMBER	POST APPLIED FOR

11 EXPERIENCE AND PERSONAL SKILLS

Please give details of your experience, skills and abilities, within training, employment, voluntary work or within a caring role which you feel demonstrate the competencies set out in the job description/person specification.