

# Application for employment (Confidential)

This page of the application will be detached for selection purposes.

Please refer to the guidance notes when completing your application and complete in black ink.  
Please note that CV's cannot be accepted and if attached will be removed prior to the selection process.  
Additional sheets can be added as required.

Post title:

Reference number:

## 1 Personal details

First name:

Surname:

Known as:

Address:

Postcode:

National Insurance No:

Contact details (please tick or check preferred method)

Telephone:  Home: Business: Mobile: E-mail address:

## 2 References

Please indicate two people who can provide references – one of whom should be your present or most recent employer.

1. Name:

2. Name:

Address:

Address:

Postcode:

Postcode:

E-mail:

E-mail:

Telephone:

Telephone:

Occupation/Relationship:

Occupation/Relationship:

We will contact referees after interview. May we contact your referees without further reference to you?

Reference 1  Yes  NoReference 2  Yes  No

### 3 Employment History

Please give more details of all jobs held including part time and unpaid work, starting with your current or most recent employer.  
(Please attach additional sheets if necessary - CV's will not be accepted)

Employer (Name and full address)	Job title and key achievements (Or brief description of duties)	Dates of employment	Reason for leaving

Current salary/salary expectation: \_\_\_\_\_

Current notice period: \_\_\_\_\_

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#### 4 Educational, technical and professional qualifications

Name of School, College, Institute or Professional body	Subject	Attainment level	Date of Award

#### 5 Personal development

Include any courses, memberships, voluntary work or responsibilities you consider relevant.

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## 6 Skills and experience

Please set out what you can bring to this job, in particular how your skills, experience and aptitude make you suitable for this position.  
(Attach a maximum of 2 additional sheets if necessary)

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## 7 General

What attracts you to this job?

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Where did you learn of this vacancy?

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Do you hold a current driving licence?  Yes  No

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In order that we comply with Schedule 7 of the Housing Act 2001 -  
Are you related to any staff or committee member of Caledonia Housing Association?  Yes  No

Name:

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Are you a tenant/sharing owner of Caledonia Housing Association?  Yes  No

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Under the terms of the Immigration, Asylum and Nationality Act 2006, Caledonia Housing Association can only employ people who are entitled to work in the UK.

Are you entitled to work in the UK?  Yes  No

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In accordance with the Protecting Vulnerable Groups (Scotland) Act 2007/Police Act 1997, detailed criminal checks will be required for some positions within Caledonia Housing Association. Please see job advert for more details.

Are you a member of the Protecting Vulnerable Groups Scheme?  Yes  No

Membership Number:

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Are you registered with the Scottish Services Council (SSSC)?  Yes  No

Registration Number:

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## Data Protection Act 1998

The personal data collected on this form and the Equal Opportunities Form will only be used for the purposes of recruitment and selection and will not be used for any other purpose. The information will be kept and subsequently destroyed in accordance with our Data Protection Policy and Guidance Notes - Applying for a Job.

## Declaration

I declare that the information I have provided in this application is true and correct. I accept that if any information provided by me on this form or in support of this application is found to be false that this will result in my application/offer of employment being withdrawn or my employment with Caledonia Housing Association being terminated. I consent to Caledonia Housing Association verifying any of the information I have provided with the appropriate organisations.

Signed:

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Date:

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Completed Forms should be marked as 'Private and Confidential' and returned to:

**Human Resources Department  
Caledonia Housing Association  
118 Strathern Road  
Broughty Ferry  
Dundee  
DD5 1JW**

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Please complete the Equal Opportunities Monitoring Form which appears below before you Save and Send.



**HAPPY TO TRANSLATE**

This form and all supporting documentation can be translated into an alternative language if necessary.  
Please contact the Human Resources Department on 01382 484546

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# Equal opportunities monitoring

(Confidential) This page of the application will be detached for selection purposes.

This section of the application will be detached and used solely for monitoring purposes. Caledonia Housing Association is committed to providing equality of opportunity to all employees regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

<b>Post title:</b>	<b>Reference number:</b>
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**How would you describe your origin? Please tick or mark X in the appropriate box or check the field (✓).**

White: Scottish	<input type="checkbox"/>	Asian/Asian British: Bangladeshi	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>	Asian/Asian British: Other	<input type="checkbox"/>
White: Other British	<input type="checkbox"/>	Black/Black British: Caribbean	<input type="checkbox"/>
Mixed: White and Black Caribbean	<input type="checkbox"/>	Black/Black British: African	<input type="checkbox"/>
Mixed: White and Black African	<input type="checkbox"/>	Black/Black British: Other	<input type="checkbox"/>
Mixed: White and Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed: Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Asian/Asian British: Indian	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Asian/Asian British: Pakistani	<input type="checkbox"/>	Undisclosed	<input type="checkbox"/>

**Gender**

Please specify: \_\_\_\_\_

**Age**

Please specify date of birth (dd/mm/yyyy): \_\_\_\_\_

**Disability Discrimination Act**

The Disability Discrimination Act defines disability as “physical or mental impairment which has a substantial and long term effect on the person’s ability to carry out normal day to day activities.”

Under this definition do you consider yourself to have a disability?  Yes  No

If yes, please state the nature of the disability:

Thank you for completing this form  
 Completed Forms can also be electronically sent to: [humanresources@caledoniaha.co.uk](mailto:humanresources@caledoniaha.co.uk)

Reset
SAVE

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