



Confidential

APPLICATION FOR EMPLOYMENT

BATIAS is an equal opportunity employer. All applicants are considered for employment based upon their skills and abilities without regard to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or other legally protected status.

Please complete all sections of this application as accurately and thoroughly as possible before submitting the application.

All information provided on this form will be kept private and confidential. For further information please see our Privacy Policy which is available on our website www.batias.com

Please state which position you are applying for including any vacancy reference number:

Where did you see this vacancy advertised?

Please indicate the date you would be available for work if offered a position:

Personal Details	
Surname/Family Name:	First Name:
Home Address:	Title (Mr/Mrs/Ms/Miss/Other):
	Day time telephone number:
	Mobile telephone number:
Post Code:	National Insurance Number:

Are there any restrictions on your continued residence or employment in the UK? Yes No
If yes, please give details:

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and as subsequently amended?

Yes No

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

What period of notice are you required to give to your present employer?

Do you have your own vehicle? Yes No

Do you consider yourself disabled under the Disability Discrimination Act? Yes No

How many hours a week are you able to work?
Please indicate your availability to work:

Monday	From		am/pm	To		am/pm
Tuesday	From		am/pm	To		am/pm
Wednesday	From		am/pm	To		am/pm
Thursday	From		am/pm	To		am/pm
Friday	From		am/pm	To		am/pm
Saturday	From		am/pm	To		am/pm
Sunday	From		am/pm	To		am/pm

Do you have any friends or relatives that work for the Company? If so, please give details.

Employment details (please use additional sheets if required)

Current or most recent job first

Employer (full business name and address)	Date from and to	Job title & brief description of duties/position	Current/last salary and reason for leaving

If you would like to tell us a bit more about yourself to support this application, please use additional sheets. This information could include details of any other skills, relevant experience gained through previous employment, similar activities (especially with regard to any retail work), voluntary work, work experience, leisure activities or your home life, including any other training you feel is relevant for this position. You can also attach a full cv if you wish.

Education

Please give details of the educational qualifications you have obtained from school, college, university etc. that are relevant to the post. If your application is successful, you will be expected to provide original certificates of your qualifications.

Name and address of School, College, University	From – To	Qualification or details of course attended	Result/grade achieved

TRAINING/PROFESSIONAL QUALIFICATIONS	
Course and training provider (i.e. in-house, external body, professional association or institute)	Brief details
REASON FOR APPLYING	
Why do you consider you are a suitable candidate for this position and what motivated you to apply? (Continue on a separate sheet if necessary)	
ACHIEVEMENTS	
Please include any further information including details of your main achievements to date that help to demonstrate your skills and suitability for this application.	

REFERENCES	
<i>Please give the names and contact details of two referees whom we can contact to provide information in support of your application. One of these should be your current manager. If you are not in employment, please supply the name of your most recent employer or an academic reference (e.g. tutor or teacher). Please indicate below whether references may be taken up prior to an offer of employment being made and accepted and ensure that your referees are aware of this application.</i>	
Current/last employment	Previous employment
Name Job title Address Postcode Telephone Email Position held in relation to you (e.g. line manager) Job held by you and dates	Name Job title Address Postcode Telephone Email Position held in relation to you (e.g. line manager) Job held by you and dates
Referee can be contacted prior to offer being? YES/NO	Referee can be contacted prior to offer being? YES/NO

Are you subject to any post-termination restrictions with any former employer?. If so, please include details

If you have a disability, and there are any special arrangements which need to be made should you be shortlisted for interview, please notify us of these below

I confirm that to the best of my knowledge and belief the information I have given in support of my application is correct and understand that any misleading statement or deliberate omission may result in my dismissal and a claim for damages if I am appointed.

I hereby consent to the processing of sensitive personal data (as defined in the Data Protection Act 2018) involved in the consideration of this application. Please see our Privacy Statement for further information.

I understand that all personal details will be held in strict confidence and will not be divulged to any other individuals or organisation for any other purpose.

When you have completed the form please return to the following address, ensuring that all the paperwork is complete: batias.grays@batias.com or by post to:

BATIAS

The Beehive Voluntary and Community Resource Centre

West Street, Grays

Essex

RM17 6XP

If you have any further queries please call the following number for assistance: Tel: 01375 389869

Thank you for applying.

SIGNATURE _____

DATE _____

The following pages will be detached from your application prior to it being considered for shortlisting.

REHABILITATION OF OFFENDERS ACT 1974

Applications from ex-offenders are welcome and will be considered on their merit. Convictions that are irrelevant to this job will not be taken into account. You are required to disclose any convictions, which are not "spent" by virtue of the Rehabilitation of Offenders Act 1974.

Have you been convicted of a criminal offence, which is not spent, as defined in the above Act?

YES NO

If yes, please give details of date(s), offence(s) and sentence(s) passed:

The Rehabilitation of Offenders Act does not apply to certain specified professions, nor does it apply to posts which involve contact with children, young people or vulnerable adults. In any of these cases you should state all past convictions, including any that are spent, giving details of date(s), offence(s) and sentence(s) passed:

If you are applying for a post which involves contact with either children or vulnerable adults, please also confirm that you are not listed on either of the following (as appropriate):

I confirm that I am not listed on the children's barred list.

OR

I confirm that I am not listed on the adults' barred list.

AND

I declare that I have no past convictions, cautions or bind-overs and no pending cases affecting why I might be considered unsuitable to work with children/vulnerable adults.

The information you provide will be treated as strictly confidential and will be considered only in relation to the job for which you are applying.

EQUAL OPPORTUNITIES MONITORING

We aim to be an equal opportunities employer, and our policy is that job applicants and employees receive equal treatment regardless of sex, race, disability, sexual orientation, religion or belief, age, marital status or civil partnership, pregnancy/maternity or gender reassignment, where any of these cannot be shown to be a requirement of the job concerned. Recruitment, selection and promotion procedures will be monitored to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

To assist us in monitoring the operation of our equal opportunity policy, and for no other reason, please answer the following questions.

(Tick box where appropriate.)

SEX

Male

Female

Prefer not to say

AGE

16-18 years

19-21 years

22-34 years

35-44 years

45-54 years

55-64 years

65 years & over

Prefer not to say

MARITAL STATUS

Single

Married/Civil Partnership

Co-habiting

Other

Prefer not to say

DISABILITY

Do you consider that you have a disability?

Yes

No

Prefer not to say

If YES, please give brief details of the disability and any adjustments which would need to be made to enable you to carry out the duties listed for this post (continue on a separate sheet if necessary).

RACE			
Please make sure that you read all of the categories and then tick the box that applies to you.			
White:	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Any other white background <i>(please specify):</i>
Mixed race:	<input type="checkbox"/> White and black Caribbean	<input type="checkbox"/> White and black African	<input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <i>(please specify):</i>
Asian or Asian British:	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <i>(please specify):</i>
Black or Black British:	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Any other black background <i>(please specify):</i>
Chinese or other ethnic:	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other <i>(please specify):</i>	
Prefer not to say	<input type="checkbox"/>		
SEXUAL ORIENTATION			
<input type="checkbox"/> Lesbian/gay	<input type="checkbox"/> Bi-sexual	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Prefer not to say
RELIGION			
<input type="checkbox"/> Christian <i>(including Church of England/Scotland/Ireland, Catholic, Protestant and all other Christian denominations)</i>			
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Any other religion <i>(please specify):</i>	<input type="checkbox"/> Prefer not to say	

SIGNATURE _____ **DATE** _____