**

*Inveraray Castle*

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| POSITION APPLIED FOR: | | | | | | | | | | | | | | |
| PERSONAL DETAILS (block capitals) | | | | | | | | | | | | | | |
| First Name(s)  Surname  Address  Postcode  Telephone No.  Home:  Work:  Mobile:  Emergency Contact: | | | | | | | | National Insurance No.  Are you legally entitled to work in the UK (we will require evidence of this prior to commencing employment) | | | | | | |
| CURRENT AND PREVIOUS EMPLOYMENT - last job | | | | | | | | | | | | | | |  |
| Employer’s name, address/business | | From | | To | | Job Title and duties | | | Start/Finish Wage | | Reason for Leaving | | | |
| EDUCATION | | | | | | | | | | | | | | |
| From | | To | | | Schools/College and training courses attended | | | | | | | Examinations Passed(GCSEs  /O levels/A levels/GNVQs) | | |
|  | |  | | |  | | | | | | |  | | |
| DESCRIBING YOU  Please tell us what skills and personal qualities you believe you have to enable you to work successfully for Argyll Estates. | | | | | | | | | | | | | | |
| OUTSIDE WORK  Please list any activities, hobbies, interests you have which are unrelated to work. | | | | | | | | | | | | | | |
| GENERAL INFORMATION  Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974)  Yes No  If yes, please give details. | | | | | | | | | | | | | | |
| REFERENCES  Please provide two references, one must be your previous employment and the other a character reference.  Name Name  Address Address | | | | | | | | | | | | | | |
| How did you learn of this vacancy?  Family ⁭ Recruitment Poster ⁭  (where?)  Friend ⁭ Leaflet/Flyer ⁭  Job Centre ⁭ Recruitment Consultant ⁭  (which one?) (which one?)  Local Newspaper ⁭ Other ⁭  (which one?) (please state) | | | | | | | | | | | | | | |
| HOURS AND DAYS YOU CAN WORK  For each day of the week, please write the time you can work. Please indicate the earliest time you can start and the latest time you can finish. [Please note that most shifts include some weekend working.] | | | | | | | | | | | | | | |
| Sunday | Monday | | Tuesday | | | | Wednesday | | | Thursday | | | Friday | Saturday |
|  |  | |  | | | |  | | |  | | |  |  |
| Please indicate the maximum number of hours you can work each week: | | | | | | | | | | | | | | |
| Key Health Questions  Please advise us whether you are suffering from any disability and/or medical condition that may affect your ability to carry out the duties of the job for which you are applying to enable us to make the necessary arrangements and/or to consider what reasonable adjustments can be made to accommodate you. | | | | | | | | | | | | | | |
| Data Protection  The Data Protection Act 2018/GDPR (“the Act”) sets out certain requirements for the protection of your personal information against unauthorized 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, we would be grateful if you would sign the consent section below.  I CONSENT TO THE USE OF MY PERSONAL INFORMATION FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.  Signed: Date: | | | | | | | | | | | | | | |
| Declaration  I confirm that the information supplied in this document is to the best of my knowledge correct. I understand that if either the information I have given or any reference provided is untrue is not received or is unsatisfactory then any offer of employment may be withdrawn or my employment terminated.  Signed: Date: | | | | | | | | | | | | | | |