

JOB APPLICATION FORM

Please complete this accurately, giving us as many details as possible of your skills and experiences relating to this job application. Short listing will be based on the information gathering from the form, read in conjunction with the person specification. You will be advised on the outcome of your application in writing.

Please ensure the finished form is returned by the closing date to the address given on the last page or emailed to recruitment@yorkat.co.uk.

Please either type directly in this form using *Microsoft Word* or print out and complete the form in black ink and BLOCK CAPITALS.

GUIDELINES

Applicants will be treated in the same way whether they are external or internal candidates. Internal candidates should advise their manager that they have applied for another position.

POSITION APPLIED FOR

Job Title

Attraction / Division

Job Reference Number

Where did you see this post advertised?

1. APPLICANT'S DETAILS

Title:	Surname:	First name:

Home address:

POST CODE:

Telephone nos: Please include full STD code

Home:

Work:

Mobile (*where possible*):

Email address (*where possible*):

Do you hold a current driving licence?	Yes/No
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Is there anything concerning your medical history or state of health that is relevant to your application?	Yes*/No <i>*If you answer Yes please refer to the Equalities and Diversity Monitoring Questionnaire</i>
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Are there any restrictions regarding your employment?
e.g. do you require a Work Permit?

Yes*/No

**If you answer Yes please supply details on a separate sheet of paper*

How much notice do you need to give to your current employer?

2. EMPLOYMENT RECORD

Please start with your most recent employment. Briefly describe the main duties and responsibilities to your post. If you wish to expand on specific areas of responsibility, please do so in *Section 5: Experience/Skills*

1. Current/most recent employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Current or final salary:		
Brief description of duties:		
Reason for leaving/changing:		

2. Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

3. Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

4. Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

5.1 EXPERIENCE / SKILLS / PERSONAL STATEMENT

This section is for you to give specific information in support of your application. Please set the information out on a maximum of three sides of A4 paper.

After reading the Job Description and Person Specification carefully, consider to what extent you have gained the skills and experience necessary for the post. Your experience need not have been gained in paid employment and may include special interests, memberships, voluntary work or public service / duties you consider relevant to the post. It is important that you provide evidence of your achievements by giving examples to support your application.

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Tell us why you wish to work for YAT (no more than 150 words)

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6. REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for successful candidate. Testimonials or references from friends and relatives are not acceptable.

1. Name:
Position:
Organisation:
Address:
Tel:
Email:
Fax:

2. Name:
Position:
Organisation:
Address:
Tel:
Email:
Fax:

7. CRIMINAL CONVICTIONS

Do you have any criminal convictions? Yes No
If Yes please give details on a separate sheet, this should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.

8. *DECLARATION AND SIGNATURE*

The information supplied in this application form is accurate to the best of my knowledge.

.....
Signed

.....
Date

By signing and returning this application form you consent to YAT using and keeping information about you provided by you – or third parties such as referees – relating to your application or future employment.

This information will be used solely in the recruitment process and will be retained for six months from the date on which you are informed whether you have been invited to interview, or six months from the date of interview. Such information may include details relating to ethnic monitoring and disability: these will be used solely for internal monitoring and will not be disclosed to any third party.

Thank you for completing the form. Please print your completed form and return – together with your completed Equality of Opportunity Questionnaire – to: 47 Aldwark, York, YO1 7BX or email it to recruitment@yorkat.co.uk

York Archaeological Trust
EQUALITIES & DIVERSITY
MONITORING QUESTIONNAIRE

Confidential

Monitoring the diversity of our applicants and staff is an essential part of YAT's commitment to Equalities and Diversity. Please complete this form and return it with your application form. It is entirely confidential and will not be made available to those involved in shortlisting or the selection process, or for any purpose other than monitoring and statistical reporting.

1. Date of birth:

2. Gender :

3. Ethnicity - please tick the most appropriate box below to describe your ethnic group or origin. (*This question helps us to identify the ethnic diversity of those applying for vacancies within the organisation. The classifications are those used in the 2001 census, and are recommended by the Commission for Racial Equality*).

WHITE:

British
Irish
Other White

MIXED:

White and Black Caribbean
White and Black African
White and Asian
Other Mixed

ASIAN OR ASIAN BRITISH:

Indian
Pakistani
Bangladeshi
Other Asian

BLACK OR BLACK BRITISH

Black Caribbean
Black African
Other Black

CHINESE OR OTHER ETHNIC GROUP:

Chinese
Other Ethnic Group

4. Do you consider yourself to have a disability? (*YAT is committed to ensuring that people with disabilities are supported and encouraged to apply for employment with YAT and to achieve progress in that employment. This question helps us to assess our success in achieving this aim*).

Yes No

If you wish to provide any additional details please do so below:

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NB. The Disability Discrimination Act 1995 defines a disability as:

“a physical or mental impairment which has substantial and long-term (lasting more than 12 months) adverse effect on your day to day living”

5. If you wish you may disclose information about yourself in this section:

Religion:

Sexual Orientation:.....

6. Is there anyone who relies on you for day to day care and attention? *(This question is recommended by the Equal Opportunities Commission and will help us review our flexible working policies.)*

Yes

No

If Yes, are they :

a) Children: aged 0-5 Date(s) of Birth:.....

6-11 Date(s) of Birth:.....

12-18 Date(s) of Birth:.....

and/or

b) A family member / partner (please specify):

.....

This information will be used solely by the HR Department for monitoring purposes and will be treated as confidential.

Thank you for your Co-operation