



**Chester & District  
HOUSING TRUST**

**TITLE OF POST  
CLOSING DATE**

# Application Form

## PERSONAL DETAILS

**Title:** Mr  Mrs  Miss  Ms

**Full name:**

**Address:**

**Postcode:**

**Telephone no:**

**Work:**

**Home:**

**Mobile:**

**May we contact you at work?** Yes  No

**Email address:**

**Do you hold a current full driving licence?** Yes  No

**Do you have your own transport?** Yes  No

**Do you need a work permit to work in Great Britain?** Yes  No

**You must attach a copy of at least one of the following to this form and bring the original documentation to the interview as evidence of your entitlement to work in this country. Failure to do so will invalidate your application.**

- British passport or UK or Irish birth certificate
- Passport showing right to live in the UK
- Non-European passport with relevant work visa
- Certificate of registration/naturalisation as a British Citizen
- EEC passport of identity card
- Any other document that supports your eligibility to work in the UK

**National insurance number:**

## RELATIVES AND BUSINESS INTERESTS

**Are you related to a Board Member or Employee of the Trust?** Yes  No

**If Yes, please give details:**

**If you are a tenant of the trust please place a cross here:**

## CURRENT OR MOST RECENT EMPLOYMENT

Name and address of current employer or organisation:

Job title and brief description of duties:

Basic salary:            Other remuneration details:

Date appointed:            Date left and reason for leaving:

Notice required:

## PREVIOUS EMPLOYMENT

Please state the most recent experience first and give details of any breaks in employment.

You may continue on a separate sheet if necessary.

| From | To | Organisation | Position held | Brief description of duties and reason for leaving & location |
|------|----|--------------|---------------|---|
|      |    |              |               |   |

Total number of days absent over past two years:

Number of occasions:

Reason for absences:

## EDUCATION & TRAINING

| Name of establishment<br>(School, College,<br>University) | From | To | Qualifications<br>(please include<br>grades where<br>appropriate) | Date<br>obtained |
|---|------|----|---|------------------|
|   |      |    |   |                  |

## MEMBERSHIP OF PROFESSIONAL BODIES

| Name of body:<br>number: | Grade of membership: | Membership |
|--------------------------|----------------------|------------|
|                          |                      |            |

## REFERENCES (Must cover for at least the last 3 Years)

Please supply the name, address and telephone number of two people who can provide references.  
One must be your current or more recent employer, preferably your immediate manager.

|   |   |
|---|---|
| <b>Title:</b><br><b>Name:</b><br><b>Address:</b><br><br><b>Telephone No:</b><br><br><b>Relationship:</b><br><br><b>Employment/Character (delete as appropriate)</b> | <b>Title:</b><br><b>Name:</b><br><b>Address:</b><br><br><b>Telephone No:</b><br><br><b>Relationship:</b><br><br><b>Employment/Character (delete as appropriate)</b> |
| Please select the box if you do not wish the Trust to make an approach to your present or last employer prior to interview: <input type="checkbox"/>                |   |

## **OTHER RELEVANT EXPERIENCE AND INFORMATION**

**Use this section to demonstrate how you meet the essential short-listing criteria for the post, which is contained in the Person Specification. Continue on a separate sheet if necessary.**

## **REHABILITATION OF OFFENDERS ACT 1974**

**Have you any criminal convictions which are not “spent” under the above act? Yes  No**

**If Yes, please give details under separate confidential cover.**

**The Trust may take these convictions into account when deciding your suitability for this job. Depending on the nature of the job, the Trust may also take “spent” convictions into account, but only where the law allows.**

**I declare that to the best of my knowledge, the information given is complete and correct.**

**Signed:**

**Date:**

**Please return to Human Resources, Centurion House, 77 Northgate Street, Chester CH1 2HQ or email to [jobadvert@cdht.org](mailto:jobadvert@cdht.org)**

## MONITORING & EQUAL OPPORTUNITIES FORM

The information provided on this form is not used to select applicants for jobs and all applicants are judged only on their ability to do the job for which they are applying. To check on the effectiveness of our Equal Opportunities Policy, we record the gender, racial origin, marital status, age and any disability of people who apply for jobs. To enable us to do this, we should be grateful if you would give the details about yourself, which are requested below.

The information that you provide will be kept secure and separate from your job application form. It will not be made available to the initial selection panel. The information given will not be placed on your personnel file if you should be appointed.

**POST APPLIED FOR:**

**WHERE DID YOU SEE THIS POST ADVERTISED?**

MALE  FEMALE

**MARITAL STATUS:**

SINGLE  MARRIED

DIVORCED  WIDOWED

SEPARATED

**ETHNIC ORIGIN**

Do you consider yourself to be:

WHITE  BLACK

MIXED  OTHER

If other please specify:

Would you describe your ethnic origin as:

ASIAN  AFRICAN

BRITISH/EUROPEAN

CARIBBEAN  IRISH

SOUTH EAST ASIAN

OTHER

If other please specify:

**DISABILITY**

Do you have a disability?

YES  NO

**DATE OF BIRTH:**