

## Application for Employment

***Our Vision: “transforming your student experience”***

**Please read the whole form carefully before you begin to fill it in. Any statement made on the form that is false or misleading could invalidate any offer of employment that the Union of Students may make.**

**Please send your completed application form to** **sally.cunningham@derbyunion.co.uk** **no later than 9.00 am Wednesday 16th February 2022.**

**Interviews will be held week commencing 21st February 2022.**

***Please note that CVs and other supporting literature will not be accepted or used in assessing your application for this post.***

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| **POST APPLIED FOR: RETAIL SUPERVISOR** | **REF: RS** |
| **HOW DID YOU HEAR OF THIS VACANCY?** |
| **SURNAME:**  | **FORENAME (S):**  |
| **ADDRESS:**  |
| **EMAIL:**  | **TEL:**  |
| EDUCATION & TRAINING |
| Please give details of your full and part-time education and training since the age of 11 |
| School/College/Trainer | Dates Attended | FT/PT | Qualifications gained (level/grade) | Date |
|  |  |  |  |  |
| I hold a current, full UK driving licence: YES / NO |
| EMPLOYMENT |
| **Please give full details of your present employment. Your present employer will not be approached without your permission. If you are now unemployed give details of your LAST relevant job.** |
| Name/address of current or last relevant employer | Title of job and brief description of duties: |
| Date started: | Reason for wishing to leave/leaving: |
| Present salary: |
| Notice required: |

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| Please give details of your employment history, excluding your present employment. The dates in the left-hand column should be continuous. Please include periods of unemployment, full-time education, and work in the home, service with the armed forces or other activities outside the job market. |
| Date started – date left | Name and address of employer | Post held | Leaving salary |
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| **ADDITIONAL iNFORMATION** |
| Please use this space to provide structured evidence of meeting the criteria of the job description and person specification for the role. If you require further space, please attach *no more* than one A4 sheet.  |
| **REFERENCE** |
| Please give details of one person who should not be related to you to whom reference can be made regarding your suitability for the post, and (if applicable) should be your current, or most recent, employer.If applicable, may we approach your present employer prior to interview? YES/NO |
| Name:  |  |
| Address: |  |
| Tel:Email: |  |
| Capacity in which known: |  |

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| YOUR DISABILITY OR HEALTH INFORMATION |
| If you are appointed you will be asked to complete a health questionnaire. Due to the nature of the environment we work in, we seek to provide an inclusive environment for all our employees, a health evaluation form will allow the Union to make reasonable adjustments.   |
| PRIVACY NOTICE |
| The Union collects and processes personal data relating to its employees to manage the employment relationship. We are committed to being transparent about how we collect and use that data and in meeting our data protection obligations. The information that you supply on this application form will be held and processed in line with the Data Protection Act 1998 and GDPR. |
| YOUR DECLARATION |
| I declare to the best of my knowledge I have made no statement in this application that is false or misleading. I understand the truth of this declaration will be a condition of my employment if I am appointed by the Union of Students and that any false or misleading information given may constitute grounds for dismissal at a later date.I hereby apply for the post of: Signed: Date: |
| MEASURING DIVERSITY *[1]* |
| The Union wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. All information is strictly confidential, purely for statistical purposes and to ensure that policies are being applied fairly. We need your help and co-operation to enable us to do this because it matters to us but, filling in this form is voluntary. The information will only be shared with a restricted number of authorised personnel. We will not discriminate against individuals who decide not to complete the form on pages 6 and 7.*The Union of Students observes ACAS guidelines on measuring diversity.* |

***Position applied for:***

***Where did you see / hear of this vacancy?***

***Gender***

Man: Woman: Intersex: Non-binary: Prefer not to say:

If you prefer to use your own term, please specify here:

***Are you married or in a civil partnership?***

Yes: No: Prefer not to say:

***Age***

18-24: 25-29: 30-34: 35-39: 40-44: 45:49:

50:54: 55-59: 60-64: 65+ Prefer not to say:

***What is your ethnicity?*** Ethnic orgin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

***White***

English: Scottish: Welsh: Northern Irish: Irish: British:

Gypsy or Irish Traveller: Prefer not to say:

***Mixed/Multiple Ethnic groups***

White and Black Caribbean: White and Black African: White and Asian:

Any other mixed background, please write in: Prefer not to say:

***Asian/Asian British***

Bangladeshi: Chinese: Indian: Pakistani:

Any other Asian background, please write in: Prefer not to say:

***African/Caribbean/Black/Black British***

African: Caribbean:

Any other Black/African/Caribbean background, please write in: Prefer not to say:

***Any other ethnic groups***

Arab: Any other ethnic group, please write in: Prefer not to say:

***Do you consider yourself to have a disability or health condition?*** The Equality Act 2010 defines disability or health condition as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to perform day to day activities. An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider yourself to have a disability or health condition under the Equality Act?

Yes: No: Prefer not to say:

If yes, what is the effect or impact of your disability or health condition on your ability to give your best at work? Please write here:

***What is your sexual orientation?***

Bisexual: Gay: Lesbian: Heterosexual:

If you prefer to use your own term, please specify here: Prefer not to say:

***What is your religion or belief?***

No religion or belief: Buddhist: Christian: Hindu: Jewish:

Muslim: Sikh:

Any other religion or belief, please write here: Prefer not to say:

***What is your current working pattern***

Full time: Part-time: Prefer not to say:

***What is your flexible working arrangement?***

None: Flexi-time: Staggered hours: Term-time hours: Job-share:

Annualised hours: Flexible shifts: Compressed hours: Homeworking:

If other, please write in: Prefer not to say:

***Do you have caring responsibilities?*** If yes, please tick all that apply:

Primary carer of a child/children (under 18): Primary carer of disabled child/children:

Primary carer of disabled adult (18 and over): Primary carer of older person:

Secondary carer (another person carries out the main caring role): Prefer not to say:

***Prefer not to answer any of the above:***