

Application Form

Vacancy: RSPCA WEST DORSET BRANCH SHOPS MANAGER



THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Please note that the closing date for this job vacancy is Friday 30th June 2017.
To apply for this post please complete this application form and return it to us at RSPCA WEST DORSET BRANCH, PO BOX 5460, WEYMOUTH, DT3 6WH to arrive by that date.
For any queries, please email mail@westdorsetrspca.org

Section 1 Personal details

Title:		Last Name:	
First Names:			
Address:			
Postcode:			
Home Telephone Number:			
Mobile Telephone Number:			
E-mail address:			
Date of birth			
Nationality			
Are you eligible to work in the UK? In order to comply with the Asylum and Immigration Act 1996, any offer of employment will be subject to provision of documentation showing your entitlement to work in this country.	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you hold a full UK driving license and have access to a car which you could drive for work purposes?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Section 2 Rehabilitation of Offenders Act 1974

Do you have any unspent convictions under the above mentioned act? Yes No

If yes, please request a confidential criminal convictions form by emailing mail@westdorsetrspca.org or by writing to the po box address. The information provided will be treated in the strictest confidence. A person's criminal record will not, in itself, debar that person from being offered employment. Suitable applicants will not be refused posts because of offences which are not relevant to, and do not place them at or make them a risk in, the role for which they are applying.

Section 3 Health

Number of days sick absence taken in the last 2 years:	
Please state number of spells of sick absence in the last 2 years:	

Section 4 Education and training details

Date	Name of school / provider	Examinations / training undertaken and qualifications gained (with grades) Please include also details of any relevant courses completed and certificates held Please also give details of any professional qualifications and membership of any professional bodies, where relevant.

Section 5 Employment Record

Please list chronologically, starting with current or last employer

Name and Address of Employer	Date From:	Date To:	Job Title/Job Function/ Responsibilities:	Reason for Leaving or wishing to leave

Section 6 Personal Statement

Please tell us why you're interested in this position and what knowledge, skills and attributes you'd bring to the job. Please include details of your hobbies and interests, any voluntary / charity work undertaken and any evidence of your interest in animals / animal welfare. Please continue on a separate sheet if necessary.

Section 7 References

Please give the names and addresses of your two most recent employers (if applicable) and of two personal / character referees. (NB. References will only be taken if you commence employment with us)

Reference 1 - EMPLOYER

Name:	<input type="text"/>	
Their Position (job title):	<input type="text"/>	
Work Relationship:	<input type="text"/>	
Organisation:	<input type="text"/>	
Dates Employed:	From: <input type="text"/>	To: <input type="text"/>
Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone N ^o :	<input type="text"/>	
E-mail:	<input type="text"/>	

Reference 2 - EMPLOYER

Name:	<input type="text"/>	
Their Position (job title):	<input type="text"/>	
Work Relationship:	<input type="text"/>	
Organisation:	<input type="text"/>	
Dates Employed:	From: <input type="text"/>	To: <input type="text"/>
Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone N ^o :	<input type="text"/>	
E-mail:	<input type="text"/>	

Reference 1 – PERSONAL REFEREE

Name:	<input type="text"/>	
Their Position (job title):	<input type="text"/>	
Relationship to yourself:	<input type="text"/>	
Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone N ^o :	<input type="text"/>	
E-mail:	<input type="text"/>	

Reference 2 – PERSONAL REFEREE

Name:	<input type="text"/>	
Their Position (job title):	<input type="text"/>	
Relationship to yourself:	<input type="text"/>	
Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone N ^o :	<input type="text"/>	
E-mail:	<input type="text"/>	

Section 8 Declaration

I confirm that the details I have provided on this form are correct to the best of my knowledge and I understand that any contract of employment will be jeopardised if I have misrepresented or omitted any relevant information. I understand if I am appointed information divulged in applications and forms for employment will be kept on file (both manual and computer) for recruitment, monitoring and employment purposes.

I consent that if I am the successful candidate I may be subject to a health assessment as a condition of employment

*Signed:		Date:	
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RSPCA WEST DORSET BRANCH undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

(*Can be signed at interview if sending application by email.)

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WEYMOUTH
DT3 6WH**

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