

APPLICATION FORM FOR EMPLOYMENT WITH THE STATES OF GUERNSEY

Application for appointment as:

Department:

Section:

PERSONAL DETAILS (as verifiable on your passport or other relevant documents)

Title:	Surname:
Forename(s):	Previous names:
Date of birth:	Place of birth:
Home Address:	
Home telephone number:	Work telephone number:
Mobile number:	Email address:
<p>Do you have a valid Right to Work Document? YES/NO (If 'NO', please move to next section)</p> <p>Type and reference number of Right to Work Document:</p> <p>Expiry date (if any) of Right to Work Document:</p> <p>If you have a Housing Licence, is it attached to your current post? YES/NO</p> <p>Do you agree that we may discuss your residential status with Housing? YES/NO</p>	

For official use

Interview:	
Date:	
Time:	
Venue:	
Applicant advised:	
References obtained:	
Vacancy number:	
Application number:	

EDUCATION Successful candidates will be asked to provide original copies of qualifications and professional registration (where applicable).

Educational establishment	Dates attended from/to	Subjects studied	Qualification/s, grade/s obtained <i>(please indicate examinations to be taken/grades awaited)</i>

PLEASE LIST ANY TRAINING AND OTHER EXPERIENCE WHICH MAY BE RELEVANT TO THIS POST

PLEASE ENSURE THAT YOU ADDRESS THE KEY CRITERIA IN YOUR LETTER OF APPLICATION

CURRENT EMPLOYMENT

Position held		Employer or States Department		Date of appointment
Current salary	Grade (if Civil Servant)	Additional allowances	Is position pensionable?	Period of notice required
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

Reason for wanting to leave:

SUMMARY OF YOUR CURRENT AND PREVIOUS JOB RESPONSIBILITIES (as appropriate)

a) Purpose of your job:

b) Describe your main achievement(s) in this role:

PREVIOUS EMPLOYMENT If you left your post because of an allegation made against you concerning children or vulnerable adults, then please ensure that you record this under the 'Reason for leaving'.

Position held	Employer or States Department	Dates		Reason for leaving
		From	To	

Experience gained in role:

Position held	Employer or States Department	Dates		Reason for leaving
		From	To	

Experience gained in role:

Position held	Employer or States Department	Dates		Reason for leaving
		From	To	

Experience gained in role:

OTHER POSITIONS HELD

Employer or States Department	Dates		Reason for leaving
	From	To	

HEALTH RECORD

Are you in good health?

YES NO

Have you had any serious illness requiring medical consultation or admission to hospital in the last two years?

YES NO

Have you any health problem(s) which might interfere with work?

YES NO

How many days have you been absent from work through sickness in the last 12 months?

days

How many spells of sickness absence have you had in the last 12 months?

spells

REFERENCES (these will be retained for a period of 12 months only)

EXTERNAL APPLICANTS: May we approach your present employer at this stage?

YES NO

CURRENT STATES OF GUERNSEY EMPLOYEES: A reference will be taken up from your existing line manager as a matter of course, therefore there is no requirement to complete the Referee 2 section.

	Referee 1 – This should be your present employer	Referee 2
Name:		
Position:		
Address:		
Telephone number:		
Mobile number:		
Email address:		

I DECLARE that the information contained in this form and any attachment is true and complete to the best of my knowledge and belief. I understand that should I make a false statement regarding my history by completing this form incorrectly I will, if appointed, be liable to termination of my contract with or without notice.

Signature of applicant:

Date:



Please return to:

Head of Human Resources,
Policy Council, Sir Charles Frossard House,
La Charroterie, St. Peter Port, Guernsey, GY1 1FH

If you would like your application acknowledged, then please write your preferred e-mail address below:

Completing the Application Form

- Before completing this form please ensure that you have read and understood the job description and key criteria for the post.
- **It is essential that in addition to completing this form, you submit supporting evidence to explain how your skills, abilities, experience and qualifications compare with the key criteria for the post.**
- Please complete all sections of the form instead of sending a CV as a substitute.
- Please remember to sign the declaration at the end of the form to certify that all the information given is correct.

Procedure Following Application

- Short listing will take place as soon as possible after the closing date.
- Short listing decisions will be based on the information provided on the application form, particularly in relation to the key criteria.
- If you have been shortlisted, we will confirm this in writing together with arrangements for the interview.
- Applicants who are not shortlisted will be advised in writing.
- References for shortlisted applicants are normally sought prior to interview unless indicated to the contrary on the application form. All appointments are conditional upon receipt of satisfactory written references.
- Applicants will be advised of the outcome of their application as soon as practicable after interview.

For Applicants with Special Needs

- If there are any reasonable adjustments that you require in terms of arrangements for the interview, please discuss these with the contact named in the advertisement or contact the Human Resources Unit at the Policy Council.
- Please note that the Human Resources Unit administers a fund to support the employment of people with special needs to assist departments in making reasonable adjustments to the workplace. If you have special needs in terms of your working environment, please discuss these with the contact named in the advertisement or contact the Human Resources Unit at the Policy Council.

Data Protection Statement

The data collected on this application form will be held in accordance with the Data Protection (Guernsey) Law 2001 and will be used by the States of Guernsey only for the purposes of recruitment/selection and employee administration. It will not be disclosed to any third party unless required by statute or by obtaining your consent.

Your date and place of birth will only be used for identity verification purposes.

Applicants for posts working with Children and/or Vulnerable Adults

- When ISA is implemented, you will need to be ISA registered prior to applying for the post. Those on the barred list will NOT be considered for employment and should not apply.
- You may be asked if you have been the subject of any allegations concerning children or vulnerable adults.

If you would like to seek clarification on any point, please contact the Human Resources Unit, Policy Council on Tel: (01481) 717001, e-mail: hr@gov.gg

EQUAL OPPORTUNITIES MONITORING

The States of Guernsey is committed to equal opportunities and seeks to ensure that there is no discrimination on the grounds of race, ethnic origin, gender, age or disability. Though the information you give plays no part in the selection process and is only used for statistical analysis, we would stress that the information is vital to ensure that our policy is carried out. The information supplied on this form will be treated in the strictest confidence and used for equal opportunities monitoring purposes only.

Thank you for your co-operation.

Are you already employed by the States of Guernsey? YES NO

How did you find out about this post? _____

Title of post for which you are applying _____

Department where the post is based _____

Your current salary/grade _____

Closing date of vacancy _____

GENDER		AGE (please circle)			
MALE	<input type="checkbox"/>	16 – 19	20 – 24	25 – 30	31 – 40
FEMALE	<input type="checkbox"/>	41 – 50	51 – 60+		

ETHNICITY Please state your ethnic group (E.g. White, Black, Asian etc)

NB. Ethnicity is not the same as 'nation of origin' or race but is normally defined in relation to a people or culture with which a person or their forebears, most strongly identify.

NATIONALITY

COUNTRY OF BIRTH

It is part of our policy that disabled people who apply for employment should not be disadvantaged or receive less favourable treatment.

Do you consider that you have any impairment or disability? YES NO

I would describe the nature of my impairment/disability as:-