

GUERNSEY HOUSING ASSOCIATION



Guernsey Housing Association
First Floor, Newlands House
Lowlands Trading Estate
Braye Road, Vale, GY3 5XJ

For office use only
CANDIDATE NUMBER:

Please complete this form in type or black ink. If there is insufficient space for your information, continue on a separate piece of paper ensuring that your name is on it.

Your Details

Application for:

Maintenance Officer

Name:	<input type="text"/>	Title:	<input type="text"/>
Address:	<input type="text"/>	Home Tel:	<input type="text"/>
	<input type="text"/>	Work Tel:	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
Postcode:	<input type="text"/>		
E-mail:	<input type="text"/>		
When is the best time to contact you?	<input type="text"/>		
Can we contact you at work with discretion?	YES / NO	Please circle	
Do you have a right to work in Guernsey?	YES / NO	Please circle	
Issue No:	<input type="text"/>	Expiry Date:	<input type="text"/>

References

Name, postal address, email address and position of two persons, including your existing or last employer, to whom reference may be made in support of your application concerning your professional ability and performance at work. References will only be taken up after a job offer has been made.

1. EMPLOYER	<input type="text"/>	
Address:	<input type="text"/>	Tel no: <input type="text"/>
	<input type="text"/>	
Postcode:	<input type="text"/>	
E-mail:	<input type="text"/>	
Relationship:	<input type="text"/>	
2. PERSONAL	<input type="text"/>	
Address:	<input type="text"/>	Tel no: <input type="text"/>
	<input type="text"/>	
Postcode:	<input type="text"/>	
E-mail:	<input type="text"/>	

Relationship:

Employment

Current/Most Recent Employment:

Employer:

Address:

Postcode:

Work Tel:

Job Title:

Salary:

Other benefits:

Please list

Duties:

Date Appointed to this Post:

Period of notice required/date able to start:

Previous Employment

Previous Posts Held:

Start with the most recent employer and detail any gaps not covered by paid employment.

Dates		Name of employer and nature of business	Position held / Duties and Responsibilities	Why did you leave this role?
From	To			

Qualifications

Professional Qualifications

Dates		Name of Educational Establishment	Qualifications Obtained, Special Attainments, Examinations Pending (give date and when results are expected)
From	To		

Educational Qualifications

Dates		Name of Educational Establishment	Qualifications Obtained, Special Attainments, Examinations Pending (give date and when results are expected)
From	To		

Have you ever left a job for any reason other than resignation or end of a fixed term contract?

Please circle and give details if necessary

YES	NO
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Empty rectangular box at the top of the page.

Driving Licence

Do you hold a full driving licence?

YES / NO *Please circle*

Additional Information

Additional information in support of your application:

e.g. reasons for applying for this post and how you meet the selection criteria paying particular attention to providing examples to evidence your responses

Lined area for providing additional information, consisting of 20 horizontal lines.

Please continue on a separate sheet if necessary

Sickness

(Please read Guidance Notes (Sickness Record), found at the front of the application form, prior to completing this section)

Successful applicants may be required to attend a medical examination prior to being appointed, or at any point during employment.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Background

Criminal Record:

(Declaration subject to Rehabilitation of Offenders (Bailiwick of Guernsey) Law 2002)

Do you have any criminal convictions? If **YES** please give details.

Please circle and give details if necessary

YES NO

Please tick to indicate if you have been:

- (a) previously employed by Guernsey Housing Association
- (b) a tenant of Guernsey Housing Association
- (c) related to an employee of Guernsey Housing Association

Declaration

I confirm that the information provided is true and correct, and understand that providing false or misleading information will disqualify me from appointment or, if appointed, could lead to termination of appointment.

Under the terms of the Data Protection (Bailiwick of Guernsey) Law, 2017, I give my consent, by signing below, that the information I have supplied may be kept on file for future employment related use.

Signed:

Date:

Where did you see this post advertised?

Please detail any other post(s) at GHA for which you have recently applied?

Are you happy for GHA to keep this application on file for six months, even if this application is unsuccessful?

YES / NO *Please circle*