

# Application Form

## Confidential

Please use black ink and block letters or transcript and return to Director HR & OD at the e-mail or postal address shown at the foot of this page by the due date.

candidate number: \_\_\_\_\_

reference number: \_\_\_\_\_

job title applying for: \_\_\_\_\_

**note: for questions marked \* please check the relevant answer(s).**

surname: \_\_\_\_\_ initial(s): \_\_\_\_\_

address: \_\_\_\_\_

postcode: \_\_\_\_\_ e-mail: \_\_\_\_\_

telephone number (home): \_\_\_\_\_ telephone number (mobile): \_\_\_\_\_

national insurance number: \_\_\_\_\_ do you hold a valid UK driving licence?\* Yes  No

licence type:\* Prov.  Full  HGV  PCV  do you have any driving convictions?\* Yes  No

have you ever been employed by this or any passenger transport organisation?\* Yes  No  If yes, give details:

dates: \_\_\_\_\_ organisation(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Employment Experience

Current/Most Recent Employer(s): please give details

|                         |          |                     |                |
|-------------------------|----------|---------------------|----------------|
| organisation & address: | from/to: | nature of business: | position held: |
|-------------------------|----------|---------------------|----------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

|                         |                  |  |
|-------------------------|------------------|--|
| current basic pay/wage: | notice required: | additional benefits: (please give details) |
|-------------------------|------------------|--|

£ \_\_\_\_\_ per:\* wk  yr

main duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Education and Training History**

**Secondary Education**      give details of examinations taken and results achieved or awarded

| subjects: | qualification:<br>higher/A Level/ordinary/standard etc. | grade:<br>A/B/C foundation/standard/credit etc. |
|-----------|---|---|
| _____     | _____   | _____   |
| _____     | _____   | _____   |
| _____     | _____   | _____   |
| _____     | _____   | _____   |
| _____     | _____   | _____   |
| _____     | _____   | _____   |
| _____     | _____   | _____   |
| _____     | _____   | _____   |
| _____     | _____   | _____   |

**Further/Vocational/Higher Education**

| SVQ/NVQ module title: | number: |
|-----------------------|---------|
| _____                 | _____   |
| _____                 | _____   |
| _____                 | _____   |
| _____                 | _____   |
| _____                 | _____   |

| college/<br>university: | date of attendance: | subjects/grades/<br>qualifications awarded: | full time/part<br>time: (please state) |
|-------------------------|---------------------|---|--|
| _____                   | _____               | _____                                       | _____                                  |
| _____                   | _____               | _____                                       | _____                                  |
| _____                   | _____               | _____                                       | _____                                  |
| _____                   | _____               | _____                                       | _____                                  |
| _____                   | _____               | _____                                       | _____                                  |

**Membership of Professional Institutes**

| current status: | institute: | number: |
|-----------------|------------|---------|
| _____           | _____      | _____   |
| _____           | _____      | _____   |
| _____           | _____      | _____   |
| _____           | _____      | _____   |

**Particulars of Formal Training or Apprenticeship(s)**

**Details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References** give names & addresses of 3 referees (not relatives) unless your Employer, 2 of which should know you in a work capacity

1. name: \_\_\_\_\_ 2. name: \_\_\_\_\_ 3. name: \_\_\_\_\_  
address: \_\_\_\_\_ address: \_\_\_\_\_ address: \_\_\_\_\_  
\_\_\_\_\_   
job title: \_\_\_\_\_ job title: \_\_\_\_\_ job title: \_\_\_\_\_  
phone (daytime): \_\_\_\_\_ phone (daytime): \_\_\_\_\_ phone (daytime): \_\_\_\_\_

**Health** successful candidates will be asked either to complete a medical questionnaire or to undertake a medical examination by SPT's Occupational Health Provider.

Are you aware of any medical condition that could affect your performance at work?\* Yes  No  If YES, give details:

\_\_\_\_\_

how many periods of absence have you had as a result of illness during the past 2 years? \_\_\_\_\_

have you been absent through illness for more than two consecutive weeks during the past 2 years?\* Yes  No

do you have a disability?\* Yes  No  If YES, please state the nature of your disability: \_\_\_\_\_

**Are you legally eligible for employment in the UK?\*** Yes  No

**How did you learn of this vacancy?** \_\_\_\_\_

**Data Protection** By signing this (or by completing and sending by e-mail) this application for employment please note that you are consenting to SPT processing your Personal Data, including your sensitive personal data, for the purposes specified in the Data Protection Notice below.

**Declaration of Criminal Convictions** If you are selected for interview, you will be required to complete a form in which you will be asked to declare any criminal convictions. You will be entitled to withhold information on a criminal conviction on the grounds it is 'spent' under the terms of the Rehabilitation of Offenders Act 1974. However, should you be notified that the post is exempt you will not be entitled to withhold information on 'spent' convictions on the grounds and, consequently, they MUST be declared.

**Declaration** I certify that all information contained in this form is true and accurate to the best of my knowledge. I realise that false information or omissions may lead to dismissal without notice.

**IMPORTANT** I have read and accept the above statements (mandatory for applications submitted by e-mail):

signature (postal applications): \_\_\_\_\_ date: \_\_\_\_\_

|                                 |  |
|---------------------------------|--|
| FOR OFFICE USE ONLY             |  |
| application form received _____ | references received/checked Yes <input type="checkbox"/> No <input type="checkbox"/> |
| appointment letter sent _____   | Acceptance letter received _____   |

\* Tick one box.

an equal opportunities employer

## Equal Opportunities Policy Recruitment Monitoring

### Policy Statement

The aim of the Equal Opportunities policy is to ensure that no job applicant receives less favourable treatment than any other on any grounds, including gender, race, colour, nationality or ethnic or national origins, religion, sexual orientation, age or disability or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

### Confidentiality

Information obtained from monitoring:

WILL be treated in strict confidence.

WILL be used simply to provide statistical profile for applicants for each job;

WILL NOT be made available to any person who is involved in the selection decision for this post.

### Dear Applicant

In order to ensure that SPT's Equal Opportunities Policy is being applied effectively, all job applicants are asked to provide the information requested below. Please complete this section of the application form and answer each question in the manner indicated.

### PLEASE COMPLETE

surname: \_\_\_\_\_ first name(s): \_\_\_\_\_

(See Note 1)

post applied for: \_\_\_\_\_

post reference number: \_\_\_\_\_

### AGE

(See Note 2)

date of birth: \_\_\_\_\_

### GENDER

(See Note 3)

Are you (check one)      MALE            FEMALE     

Have you undergone, are you undergoing or do you intend to undergo gender reassignment? For example this includes having changed your sex (gender)?

YES            NO            PREFER NOT TO SAY     

### SEXUAL ORIENTATION

(See Note 4)

Which of the following best describes your sexual orientation?

HETEROSEXUAL            BISEXUAL            GAY/LESBIAN     

CELIBATE            PREFER NOT TO SAY

## DISABILITY

(See Note 5)

A disability is a physical or mental health condition that has a substantial adverse effect on your ability to carry out normal day to day activities and which has lasted or is expected to last 12 months or more.

Do you have a disability?

YES  NO  PREFER NOT TO SAY

If you answered YES, please check if it is any of the following types of disability:

LEARNING DISABILITY  PHYSICAL IMPAIRMENT   
LONG STANDING ILLNESS  SENSORY IMPAIRMENT   
EPILEPSY  MENTAL HEALTH CONDITION

Other (please describe):

If you answered YES, please describe any particular arrangements you may require for an interview or for your job location:

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## RACE/COLOUR/ETHNICITY

(See Note 6)

Choose ONE section from A to F, then check the appropriate box to indicate your cultural background.

- A. WHITE Scottish  Other British   
Irish  Any Other White Background
- B. MIXED Any Mixed Background
- C. ASIAN/ ASIAN SCOTTISH/ASIAN BRITISH  
Indian  Pakistani  Bangladeshi   
Chinese  Any Other Asian Background
- D. BLACK/BLACK SCOTTISH/BLACK BRITISH  
Caribbean  African  Any Other Black Background
- E. OTHER ETHNIC BACKGROUND Any Other Background
- F. PREFER NOT TO ANSWER

## RELIGION/BELIEF

(See Note 7)

To which religion, religious denomination, body or belief do you actively belong?

CHRISTIANITY  ISLAM   
HINDUISM  JUDAISM   
SIKHISM  BUDDHISM   
OTHER FAITH/BELIEF\*  NO RELIGION   
PREFER NOT TO ANSWER

\*Other Faith/Belief (please describe):

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## Recruitment Monitoring Notes of Guidance

- 1. Name**  
This question has been included to ensure the authenticity of each reply. Only the information that you supply to reply the following questions will be recorded.
  - 2. Age**  
This question is designed to establish the age range of applicants.
  - 3. Gender**  
This question is designed to establish the gender of applicants.
  - 4. Sexual Orientation**  
This question is designed to establish the sexual orientation of applicants.
  - 5. Disability**  
This question is designed to establish the number of job applicants who consider themselves to have a disability.
  - 6. Race/Colour/Ethnicity**  
This question is designed to establish the general racial origin of each job applicant. In this question you are encouraged to select the answer which in your own opinion provides the most accurate description of yourself. However, it is emphasised that it is the origin pertaining to **race** that is requested not necessarily place of birth or nationality.
  - 7. Religion**  
This question is designed to establish the religion general racial origin of each job applicant. In this question you are encouraged to select the answer which in your own opinion provides the most accurate description of your religion or belief.
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## Data Protection Act 1998 Information Notice

Strathclyde Partnership for Transport, as data controller, will be processing personal data (including sensitive personal data), pertaining to yourself.

The information which you provide on this form will be processed for the following:

- To ensure that SPT's recruitment process does not discourage prospective applicants from applying for jobs or discriminate against applicants on the basis of gender, race, colour, nationality or ethnic or national origins, religion, sexual orientation, age or disability or any other grounds which cannot be justified.
- To allow SPT to investigate any allegation of direct or indirect sexual, racial or any other form of discrimination.
- To monitor by racial group:
  - all applicants for jobs
  - current workforce
  - employees undertaking training
  - internal promotions
- To ensure a good workforce mix.

SPT may, in certain circumstances, decide or indeed be required, to transfer your personal data to any of the following third parties in accordance with the provisions of the Data Protection Act:

- Commission for Equality and Human Rights
- Regional Transport Partnership
- SPT Legal Advisors

This list is not exhaustive.

Under the Data Protection Act you have (among other things) a right of access to your personal data.

You have a right to obtain details of information held electronically and certain manual data. Such access is permitted within 40 days of receipt by SPT of a written request to that effect, together with a cheque for £10 made payable to SPT.