

APPLICATION FOR EMPLOYMENT

Position: Dance Sports Sales Preferred employment type: Full Time Part Time
(sports/dance only)

Section 1: PERSONAL INFORMATION

Full name:		Sex: M F	DoB:
National Insurance #:	Marital Status: MARRIED SINGLE <small>(Please circle)</small>	Driving Licence: YES NO <small>(Please circle)</small>	
Do you possess CRB Enhanced Disclosure? <small>(Please circle)</small>	YES NO DON'T KNOW	Are you a car owner? <small>(Please circle)</small>	
Present Address:			
			Postcode:
Former Address (if within the last 5 years):			
			Postcode:
Telephone Number:		Mobile Number:	
Emergency Contact Name:		E-mail:	
Emergency Number:			

Section 2: DESIRED EMPLOYMENT

Please give details of any relevant experience you have relating to the position applied for:

Section 3: PREVIOUS QUALIFICATIONS

(Please attach copies of your certificates.)

Please state the relevant qualifications you hold:

Governing Body	Qualification	Level	Date of Achievement

Section 4: FORMER EMPLOYERS
(List below your current and previous employers, starting with the most recent first)

Company Name:		Position Held:	
Address:			
		Postcode:	
Supervisors Name:		Telephone Number:	
Reason for leaving:		Can we contact:	YES NO
		(Please circle)	

Company Name:		Position Held:	
Address:			
		Postcode:	
Supervisors Name:		Telephone Number:	
Reason for leaving:		Can we contact:	YES NO
		(Please circle)	

Section 5: REFERENCES
(Provide below the names of two professional references, whom you have known for at least one year. Written references from the names listed below MUST be included with this application.)

Name:	Relationship:	Years Acquainted:
Organisation:		Telephone Number:

Reference 1

Name:	Relationship:	Years Acquainted:
Organisation:		Telephone Number:

Reference 2

Section 6: EQUAL OPPORTUNITIES AND DIVERSITY
(The information contained within this section of the form will be kept strictly confidential and according to the Data Protection Act 1998. The data held is required for internal management purposes and/or statutory external reporting responsibilities. Reports run from the data provided will always be presented in an anonymous format. Please answer the questions by ticking the appropriate box.)

Do you have a disability or long term medical condition i.e. lasting more than 12 months? Yes No Decline to specify

If you answered Yes above, please tick one or more boxes to describe your disability or condition:

- | | | |
|--|--|--|
| <input type="checkbox"/> Dyslexia/specific learning difficulty | <input type="checkbox"/> Asperger's syndrome | <input type="checkbox"/> Blind/visual impairment |
| <input type="checkbox"/> Mental Health difficulties | <input type="checkbox"/> Deaf/hearing impairment | <input type="checkbox"/> Unseen disability (e.g. diabetes) |
| <input type="checkbox"/> Wheelchair/mobility impairment | <input type="checkbox"/> Other (please describe) | |

Please describe your ethnic origin: (please tick one box only)

(Ethnic origin questions are not about nationality, place of birth, or citizenship. They are about colour and ethnic group. Citizens of any country may belong to any of the groups indicated. The ethnic origin categories used here are based on the 2001 census of the population.)

White

- British
- Irish
- Any other White background

Please specify

Black or Black British

- Caribbean
- African
- Any other Black background

Please specify

Chinese

- Chinese

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Please specify

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Please specify

Other ethnic group

- Decline to specify
 - Any other
- Please specify

Section 7: DECLARATION

I hereby authorise In 2 Sports Limited to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorise persons, schools, my current employer (if applicable), and previous employers and organisations contacted by In 2 Sports Limited to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if employed, discipline up to and including dismissal. I understand that filling out this form does not indicate there is a position open and does not obligate In 2 Sports Limited to employ me.

Signature:

Date:

FOR OFFICE USE ONLY

INITIAL REVIEW

Form Reviewed Date: Does the applicant meet minimum entry requirements or is the form incomplete: YES NO
If NO, send notification of insufficient application. Reference:

INCOMPLETE OR INSUFFICIENT APPLICATION

Date the applicant was notified: Go to Close-out.

ARRANGE INTERVIEW

Interview date: Interview time: Letter (IN.1.00.32) send reference:

INTERVIEW TEAM

Interview team:

OFFER OF POSITION

Will the applicant be offered a position: YES NO

If YES, send applicant an offer letter (IN.1.00.33). Indicate reference:

If NO, send applicant letter (IN.1.00.36) and archive application. Indicate reference:

POSITION ACCEPTANCE

Has the applicant accepted the position: YES NO If YES, indicate the date you were notified:
.....
If NO, Close-out.

REFERENCE CHECK

Reference 1 contact date: Can this reference be verified: YES NO

Reference 2 contact date: Can this reference be verified: YES NO

REFERENCE FAILURE

If NO has been answered to any of the above inform the applicant by letter (IN.1.00.31). Indicate the reference here:

INDUCTION

Induction Date: Time:

The applicant MUST be informed to bring to induction all of the required ORIGINAL identification documents as described in 'Obtaining CRB Enhanced Disclosure' (IN.3.00.07.1) Appendix 'A'.

CLOSE OUT

Date form closed out: