



Post Applied for:

Post Number:

## Cartello Ambulance Job Application Form

Closing Date:

Interview Date:

Complete this form fully using black ink. Personal C.V.s are not accepted. Applications received after the closing date will not normally be considered.

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

### Section 1 Personal details

Last Name:

First Name:

Address:

  
  

Postcode:

Home Telephone Nº:

National Insurance Nº:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone Nº:

Mobile Telephone Nº:

E-mail address:

Can we contact you at work?

Yes

No

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes

No

#### Job Share Details

Are you applying on a job share basis?

Yes

No

#### Driving Licence – if relevant to post applied for.

Do you hold a full, clean driving licence valid in the UK?

Yes

No

**If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.**

## Section 2 Present Employment

**Present Employment** (If now unemployed give details of last employer)

**Name of Employer:**

**Address:**

  
  

**Postcode:**

**Post Title:**

**Date of Appointment:**

**Salary:**

**Department / Section:**

**Brief description of duties:**

Continue on a separate sheet if necessary

**Period of Notice:**

**Last day of service**

(if no longer employed):

**Reason for leaving**  
(if no longer employed):

**Did you receive any redundancy payment or retirement benefit?**

**Yes**

**No**

## Section 3 Previous Employment

**Previous Employment** (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector

**Name of Employer:**

**Address:**

**Postcode**

**Position Held:**

**Summary of duties:**

**Reason for leaving:**

**Name of Employer:**

**Address:**

**Postcode**

**Position Held:**

**Summary of duties:**

**Reason for leaving:**

**Name of Employer:**

**Address:**

**Postcode**

**Position Held:**

**Summary of duties:**

**Reason for leaving:**

Continue on a separate sheet if necessary

## Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

## Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/Management Qualifications	Course Details

Membership of any Professional / Technical Associations- Please state level of Membership:

Continue on a separate sheet if necessary

## Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

## Section 6 Personal Statement

### **Abilities, skills, knowledge and experience.**

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

## Section 7 Rehabilitation of Offenders Act (1974)

The post you are applying for, unless otherwise stated, is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. You are therefore, required to disclose here any convictions (including 'spent' convictions) for criminal offences brought against you and any pending court action.

Have you at ANY time been convicted of an offence, spent or unspent? Yes  No

If yes, please give details / dates of offence(s) and sentence:

## Section 8 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Disclosure and Barring Service check.

### Enhanced Checks

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes  No

## Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes  No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes  No

If yes, please give details:

## Section 10 Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

## Section 11 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

### Reference 1

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone Nº:

E-mail:

Are you willing for this referee to be approached prior to the interview?

Yes

No

### Reference 2

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone Nº:

E-mail:

Are you willing for this referee to be approached prior to the interview?

Yes

No

# Section 12 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

## What is your Ethnic Group?

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

### A. White

White UK

Irish

White non-UK

Any other White background  
(please give details):

### D. Black or Black British

Black Caribbean

Black African

Any other Black background  
(please give details):

### B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background  
(please give details):

### E. Chinese or other ethnic group

Chinese

Vietnamese

Any other ethnic background  
(please give details):

### C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background  
(please give details):

F. I do not wish to provide this information



## Section 12 Recruitment Monitoring Form continued

### Gender

Male

Female

### Disability

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled?

Yes

No

If yes, please give details:

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### Present Status

Internal Applicant

External Applicant

### Age Group

16-25

26-35

36-45

46-55

56-65

66-70

Over 70

### Media

Please state where you saw this post advertised

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### For Office Use Only:

Start Date:

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## Section 13 Declaration

### A. Relatives/Other Interests

Any candidate who directly or indirectly canvasses a member of Cartello Ambulance Service Ltd Staff will be disqualified from consideration for the job. The Company does not bind itself to appoint any applicant.

Are you related to or do you have a close personal relationship with an Cartello Ambulance Service Ltd member of staff.

Yes  No

If yes, specify name(s), position(s) and relationship(s)

If appointed, do you have any interests or hold any appointments that may conflict with employment by the Company in the role for which you have applied?

Yes  No

If yes, please detail on a separate sheet.

### B. Statement to be Signed by the Applicant

Cartello Ambulance Service Ltd is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

**I agree that Cartello Ambulance Service Ltd may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.**

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed:

Date:

(NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately, applicants who do not hear from Cartello Ambulance Service Ltd must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form, please enclose a stamped addressed post card.

**Cartello Ambulance Service Ltd undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc.) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.**

## RETURNING THIS FORM



### By Hand or Post:

Recruitment  
Cartello Ambulance Service  
Unit 6.07, West Cannock Way  
Hednesford  
Staffordshire  
WS12 0QU

### By E-Mail:

info@cartello-ambulance.co.uk

### Enquiries:

Telephone: 0845 45 999 68