

# APPLICATION FORM - PART 2

THIS FORM IS PART OF YOUR APPLICATION AND MUST BE COMPLETED AND RETURNED TO HR IN CONJUNCTION WITH THE PART 1 OF THE APPLICATION FORM

IF YOU ARE HAND WRITING YOUR APPLICATION RATHER THAN AS A COMPUTER GENERATED DOCUMENT PLEASE COMPLETE THE FORM IN BLOCK CAPITALS

Name:	
Date:	
Application for post of:	

## 1. ELIGIBILITY TO WORK IN THE UK:

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>If you have answered no to the above question, please select the category that relates to your current immigration status. This status will be subject to checking before interview.</p> <p>Please supply details of any visa currently held, including number, start/expiry dates and details of any restrictions.</p> <p>Does your visa have a condition restricting employment or occupation in the UK?</p>	<input type="checkbox"/> HSMP/Tier 1 <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Working Holiday Visa/Tier 5 Youth Mobility <input type="checkbox"/> Refugee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other, please specify below  Visa No: Start Date: Expiry Date: Details of Restriction:  Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes to the above question, please provide information regarding your current immigration status and details of restrictions.	

### Qualifying EEA Passports:

Austria	Estonia *	Hungary *	Luxembourg	Slovakia *	Iceland
Belgium	Finland	Ireland (Eire)	Malta	Slovenia *	Liechtenstein
Czech Republic *	France	Italy	Netherlands	Spain	Norway
Cyprus	Germany	Latvia * Lithuania	Poland *	Sweden	Switzerland
Denmark	Greece	*	Portugal	UK	

\* If you have a passport from one of these countries you are entitled to work within the UK but must register with the Borders and Immigration Agency within 1 month of starting employment under the Worker Registration Scheme. If you have a passport from Bulgaria or Romania, you must still obtain a work permit before working in the UK.

## 2. GENERAL:

<b>Do you possess a current clean driving licence?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Do you own a car?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>How did you become aware of this post?</b> <i>(Please state which publication or website or other)</i>	
<b>If you were offered the post, would the United Synagogue be your sole employer?</b> <i>If NO, please give details:</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## 3. REHABILITATION OF OFFENDERS ACT 1974:

Please only complete this section if the role you are applying for involves working with children or vulnerable adults.

Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation Act, 1974, by virtue of the Rehabilitation of Offenders Act, 1974, (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions, which for other purposes are 'spent' under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal. Disclosure of an offence will not necessarily be a bar to your appointment.

Any information given will be treated confidentially and will be considered only in relation to an application for positions to which the Order applies.

<b>Have you at any time been convicted of any criminal offence?</b> <i>If YES please give details, including nature and date(s) of offence(s):</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

<b>Have you ever had a child removed from your care or placed under supervision by a Local Authority or been disqualified from Registration under Schedule 9 of the Children Act?</b> <i>If YES please give details, including nature and date(s) of offence(s):</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

<b>Do you have any criminal charges or summonses pending against you?</b> <i>If YES, please give details:</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## 4. DISABILITY:

The Disability Discrimination Act 1995 defines a disabled person as anyone who has or who has had a physical or mental impairment, which has a substantial long-term effect on their ability to carry out normal day-to-day activities. We ask all applicants to declare whether they have a disability in order that we can fulfil our commitment to make reasonable adjustments for interviewing disabled applicants.

<b>Taking this definition into account, do you consider you have a disability?</b> <i>If YES, please describe any equipment or adaptations that may be needed:</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## 5. EQUAL OPPORTUNITIES MONITORING:

United Synagogue is committed to ensuring that job applicants are treated fairly and consistently and that no one is disadvantaged or discriminated against because of their gender, ethnicity, age, disability or any other personal characteristic, which has no bearing on their ability to do the job.

Information collected via recruitment monitoring helps the United Synagogue fulfil this commitment and assists greatly in the development and evaluation of employment policy generally. Information you provide will be treated in strict confidence and will not be seen by anyone involved in the selection process.

Please tick the relevant boxes below:

<b>Gender:</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
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<b>Faith / Religion:</b>	<input type="checkbox"/> Jewish	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim
	<input type="checkbox"/> Christian	<input type="checkbox"/> None/Atheist	<input type="checkbox"/> Other please specify: _____		

<b>Age:</b>	<input type="checkbox"/> under 20	<input type="checkbox"/> 20-24	<input type="checkbox"/> 25-29	<input type="checkbox"/> 30-34	<input type="checkbox"/> 35-39	
	<input type="checkbox"/> 40-44	<input type="checkbox"/> 45-49	<input type="checkbox"/> 50-54	<input type="checkbox"/> 55-59	<input type="checkbox"/> 60-64	<input type="checkbox"/> 65 +

Ethnic Origin:					
<b>White</b> British Irish Any other White background (please specify):	<input type="checkbox"/>	<b>Black or Black British</b> African Caribbean Any other Black Background (please specify):	<input type="checkbox"/>	<b>Chinese</b> Chinese	<input type="checkbox"/>
<b>Mixed</b> White and Black Caribbean White and Black African White and Asian Any other mixed background (please specify):	<input type="checkbox"/>	<b>Asian or Asian British</b> Indian Pakistani Bangladeshi Any other Asian background (please specify):	<input type="checkbox"/>	<b>Other ethnic group</b> Any other ethnic group (please specify):	<input type="checkbox"/>

## 6. REFEREES:

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 referees are.

Please indicate for each referee whether it is for an employment or character reference.

	REFEREE 1: Employment <input type="checkbox"/> Character <input type="checkbox"/>	REFEREE 2: Employment <input type="checkbox"/> Character <input type="checkbox"/>
Name		
Job Title		
Name of organisation		
Address		
Post Code		
Email address		
Telephone no.		
It what capacity is this person known to you:		
Do you wish to be consulted before this referee is approached:		Do you wish to be consulted before this referee is approached:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>
		NO <input type="checkbox"/>

We reserve the right to contact any of your other previous employers within the last five years.

## 7. DECLARATION OF APPLICANT:

I certify that the answers given on this Application Form are true and complete, to the best of my knowledge.	
Signature: _____	Date: _____

When completed, please return this form either by EMAIL together with Part 1 of the Application Form to: [hr@theus.org.uk](mailto:hr@theus.org.uk) In the event this is not possible, post to: HR Department, United Synagogue, 305 Ballards Lane, London N12 8GB. Please note that if you are returning this form electronically and unsigned you will still be bound by the declaration.