



FIFE ZOO APPLICATION FORM

POSITION APPLIED FOR: _____

JOB REFERENCE: _____

Please refer to the accompanying guidance notes before completing this form. Please write clearly in black ink or type.

The following information will be treated in the strictest confidence.

Personal

(Please complete this section in BLOCK CAPITALS)

Surname: _____

First name: _____

Address: _____

Postcode: _____

Home telephone number: _____

Mobile telephone number: _____

Full Driving Licence: **Yes / No** Endorsements: **Yes / No**

If YES, please give further details including dates:

Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? **Yes / No**

If YES, please give full details:

Are you subject to any restrictions or covenants which might restrict your working activities? **Yes / No**

If YES, please give full details:

Are you willing to work overtime and weekends if required? **Yes / No**

Please give details of any hours which you would not wish to work:

It is a criminal offence for barred individuals to apply to work with children or vulnerable adults in Regulated Work. Are you a PVG Scheme Member? **Yes / No**

If YES, please give your PVG Scheme Membership Number: _____



Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1975 (Exclusions and Exceptions) (Scotland) Order 2015 as amended in 2018 and in respect of which no application to a Sheriff has been made?

The Order provides that certain spent convictions and cautions are “protected” and are not subject to disclosure to employers and cannot be taken into account.

A copy of the Company’s Equal Opportunities Policy and Disclosure and Disclosure Information Policy is available on request. These reflect the Disclosure Scotland Codes of Practice.

Yes / No

If YES, please give full details: _____

If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment?

Yes / No

Have you ever worked for this business before?

Yes / No

If YES, please give full details: _____

Have you applied for employment with this business before?

Yes / No

Do you need a work permit to take up employment in the U.K.?

Yes / No

How much notice are you required to give to your current employer? _____



Education

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list languages spoken and the level of competence:



Employment Details

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

Present or Last Employer

Are you currently employed?

Yes / No

Name of present or last employer:

Address:

Telephone number:

Nature of business:

Job title & brief description of duties:

Reason for leaving:

Length of service:

From: _____ To: _____

Interests, Achievements, and Leisure Activities

(e.g. hobbies, sports, club memberships)



Supplementary Information

Please set out below any further information to support your application (e.g. past achievements, future aspirations, personal strengths)

Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, in compliance with data protection legislation and as set out in the Company's Employee Privacy Notice. I undertake to notify the Company immediately of any changes to the above details.

Given the nature of the job for which I have applied, I understand that any offer of employment will be subject to receipt of a satisfactory PVG Scheme Record or Scheme Record Update from Disclosure Scotland. I have been given a copy of the Company's Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

Signed: _____

PRINTED: _____

Date: _____

References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? **Yes / No**

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

Source of Application

How did you hear of this vacancy? _____



EQUAL OPPORTUNITIES MONITORING FORM

We are an equal opportunities employer and as such we ask all candidates to complete and return this Equal Opportunities Monitoring Form. You should return this form in a separate envelope from your employment application form.

The data gathered will help us to monitor the effectiveness of our equal opportunities policies and procedures. It should be completed anonymously and will be held and processed separately from your application.

THIS INFORMATION WILL HAVE NO IMPACT ON THE FINAL RECRUITMENT DECISION.

In each section listed below, please choose one option by marking 'X' in the appropriate box.

AGE

16-24		25 -29		30-34		35-39	
40-44		45-49		50-54		55-59	
60-65		Prefer not to say					

DISABILITY

The Equality Act 2010 defines a disability as a physical or mental impairment that has a substantial and long-term adverse on an individual's ability to carry out normal day-to-day activities.

Do you consider that you have a disability?

Yes		No		Prefer not to say	
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GENDER

Male		Female	
Prefer not to say			



MARITAL OR CIVIL PARTNERSHIP STATUS

Married		In a registered civil partnership	
Not married / in a civil partnership		Separated	
Divorced		Widowed	
Prefer not to say			

ETHNIC GROUP

Asian / Asian British		Black / Black British	
Bangladeshi		African	
Chinese		Caribbean	
Indian			
Pakistani			
Other Asian background (please specify)		Other Black background (please specify)	
Mixed Ethnic Group		White	
White and Asian		White British	
White and Black African		White Irish	
White and Black Caribbean			
Other Mixed background (please specify)		Other White background (please specify)	
Other Ethnic Group (please specify)			
Prefer not to say			

SEXUAL ORIENTATION

Bisexual		Homosexual / Gay / Lesbian	
Heterosexual		Prefer not to say	



RELIGION OR BELIEF

Buddhist		Christian	
Hindu		Jewish	
Muslim		No religion	
Sikh		Prefer not to say	
Other religion or belief (please specify)			

Date	
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Please do not sign this form.