

APPLICATION FORM

POST: **Recovery Link Worker** This front page will not be seen by the recruitment panel until the information on the following pages has been assessed and a short-list compiled. **FIRST NAME: SECOND NAME: ADDRESS: POSTCODE:** PHONE NO (OTHER): PHONE NO (HOME): **REFERENCES** Please provide us with contact details of two people we may contact in support of your application. Where possible, one should be from your most recent employer, the other from someone who has known you in a professional or educational capacity. Referees will **not** be contact prior to interview. **REFERENCE 1 REFERENCE 2** NAME: NAME: **ADDRESS:** ADDRESS: **PHONE NO: PHONE NO: RELATIONSHIP TO YOU: RELATIONSHIP TO YOU:** I confirm that, to the best of my knowledge, the information given on this application is true and correct. I understand that if I have knowingly given false information, any offer of employment will be immediately withdrawn.

Date:

Signed:

APPLICATION FORM

EDUCATION and QUALIFICATIONS			
Qualifications obtained	School/College/University/Other	Date	

EMPLOYMENT, PAID (OR UNPAID (Please begir	n with most rece	nt employment)
Name of Employer	Dates (from - to)	Post Held	Reason for leaving

Ref No: (Office use only)

KILLS lease refer to the job description and person specification and describe how your skills equip ou for this post). You may use additional sheets if required.
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EXPERIENCE
(please refer to the job description and person specification and evidence your appropriate work experience). You may use additional sheets if required.
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Please answer questions below by highlighting answer;

I am familiar withword processing computer package. Yes/No I am familiar with.....spreadsheet computer package. Yes/No I am familiar with using e-mail and the internet Yes/No I have access to a car, and have a driving licence Yes/No I have car insurance to cover for business purposes Yes/No I am willing to work outside office hours when required Yes/No I have no criminal convictions Yes/No I have read the job description and feel competent to do all tasks listed Yes/No

Please return your completed form, marked "private and confidential" to:

Administration Department Frontline Fife 57 – 59 Viewforth Street Kirkcaldy, KY1 3DJ

EQUAL OPPORTUNITIES MONITORING FORM

The purpose of this monitoring form is to assess whether Frontline Fife is reaching all sections of the community with its advertising. This page will be separated from the application form and will not be seen by the recruitment panel.

Please answer the following questions by ticking the appropriate boxes;

1. I would describe my ethnic origin as:

IndianBlack-CaribbeanChinesePakistaniBlack-AfricanWhite

Bangladeshi Black-Other Other European

Irish

2. I am:

Male Female

3. I would describe myself as:

Disabled Not Disabled

4. I am:

16 - 24

25 - 39

40 - 65

5. Please say how you heard about this job:

Advertisement (say where)
Internet Site (say where)
Job Centre
Through an organisation (say where)
Other (give details)
Someone you know