# **GOVERNMENT OF GIBRALTAR**



**PHOTO** 

### **APPLICATION FORM**

## HUMAN RESOURCES DEPARTMENT 82-86 HARBOUR'S WALK NEW HARBOURS ROSIA ROAD GIBRALTAR

1. POST APPLIED	FOR:
Post Title:	
Name of applicant:	

- Please ensure that you answer all the guestions as fully as possible.
- Type or write neatly in black ink, as this form will be photocopied.
- Original documents as proof of academic and other qualifications must be produced. (These will be photocopied and returned immediately).
- A recent passport sized photograph must be affixed in the space provided above.
- Two references are required to be submitted to the Human Resources Manager at the above address, not later than five working days after the closing date.
- Once completed, this application form must be <u>handed in</u> to The Human Resources Manager, <u>Human Resources Department</u>, 82-86 <u>Harbour's</u> <u>Walk, New Harbours, Rosia Road, Gibraltar</u>, by the closing date for receipt of applications.

<u>NOTE</u>: Should you have any queries relating to your application either prior to or after interview, you may write to the Human Resources Manager, at the above address.

Do not write below this line.

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## FOR OFFICIAL USE ONLY

1 OR OTH ISIAE COL CIVET					
DOCUMENT	SEEN	RETURNED			
Evidence of Nationality					
Qualifications					
I/D CARD OR PASSPORT I	VO.				

2. PERS	SONAL	INFORM	IATION					
Title:		\$	Surname					
Forenar	nes:	'						
Previou	s Name	if Applica	able:					
Date of	Birth:							
National	ity:							
Address	3:							
Postcoo (if applie								
Driving Li (if applica please standard category)	ible, ate							
Please in			ne following v	we may u	se to contac	et you:	(Please	tick)
Work Te	lephone	Number	:					
Mobile T	elephon	e Numbe	er:					
email ad	dress:							

# 3. EMPLOYMENT HISTORY

Please list in order (the most recent first), the organisation(s) you have worked for, whether full or part time, including voluntary, unpaid, or self employed work. (*PLEASE USE ADDITIONAL SHEETS IF NECESSARY*)

(a) Current (or most recent) Employer's Name and Address:  Dates of Employment: From: To:  Job Title:  Reason for leaving:  Brief outline of Duties:  (b) Previous Employer's Name and Address:	
Job Title:  Reason for leaving:  Brief outline of Duties:	
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Job Title:  Reason for leaving:  Brief outline of Duties:	
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Reason for leaving:  Brief outline of Duties:	
Brief outline of Duties:	
(b) Previous Employer's Name and Address:	
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(b) Previous Employer's Name and Address:	
(b) Previous Employer's Name and Address:	
Dates of Employment: From: To:	
Job Title:	
Reason for leaving:	
Brief outline of Duties:	
(c) Previous Employer's Name and Address:	
Dates of Employment: From: To:	
Job Title:	
Reason for leaving:	
Brief outline of Duties:	

4. QUALIFICATIONS  Please give details of any qualification(s) held and where obtained.					
School(s)	Date(s)	Subject(s)	Grade(s)		
5 FURTHER & HIGH	IFR FDUCATION				
5. FURTHER & HIGHER EDUCATION					
Please give details of and any qualifications		ner education - college	s/universities attended		
College / University/ Training provider	Date(s)	Subject(s)	Qualification(s)/Grade(s)		

6. TRAINING AND DEVELOPMENT	
Please give details of further training taken – i.e. Management courses. IT courses.	

Please give details of further	training taken – i.e.	Management course	s, ii courses,
First Aid certificates etc.			

College / University/ Training provider	Date(s)	Subject(s)	Qualification(s) / Grade(s)

7. PERSONAL STATEMENT
Add any further information about yourself that you consider relevant to this application. You should describe your knowledge, experience, skills and abilities gained from your paid and/or voluntary work, studies, hobbies etc.
(PLEASE USE ADDITIONAL SHEETS IF NECESSARY)

Please provide the following information on your referees, whom you should ask to submit a reference letter to the Human Resources Manager, to reach him not later than five working days after the closing date for receipt of applications.  Referees should not be relatives.			
(a) FIRST REFERENCE			
Full Name of Referee			
Full Address of Referee			
email address			
(b) SECOND REFERENCE			
Full Name of Referee			
Tail Name of Referee			
Full Address of Referee			
email address			

8. REFERENCES

#### 9. DATA PROTECTION ACT 2004

Under the Data Protection Act 2004, the Human Resources Department on behalf of the Government of Gibraltar, and the Public Service Commission, reserves the right to collect, store and process personal data about applicants in so far as it is relevant to their application for employment. This Application Form will remain on file for as long as administratively necessary and then be destroyed. All personal information held will be processed in accordance with the Data Protection Act 2004.

We will only disclose personal information contained in this form in the following circumstances:-

- If we are required to do so by any court order, or by law.
- If selected for the post, (except for information contained in Section 13), to other Government Departments (for administrative purposes) and to the Gibraltar Health Authority (for the purpose of Section 11).

## 10. (a) EQUALITY OF OPPORTUNITY

The Gibraltar Public Service on behalf of the Government of Gibraltar, is committed to a policy which ensures that all job applicants and employees receive equality of opportunity, therefore ensuring that all recruitment is solely on merit.

No applicant or employee will receive less favourable treatment on the grounds of age, disability, race, religious belief, sex or sexual orientation, or will be disadvantaged by conditions or requirements which cannot be shown to be justifiable.

## 10. (b) DISABLED APPLICANTS

In order to help us implement our equal opportunities policy effectively, please indicate below if you would like us to provide any particular assistance for your interview, as a result of disability.

result of disability.
Please specify type of assistance required, e.g. wheelchair access.

### 11. MEDICAL

I understand that if I am selected for employment to the post for which I am applying, I will be required to undergo a medical examination and be declared fit for employment.

#### 12. STATEMENT TO BE SIGNED BY APPLICANT

I hereby give consent to the collection, storage and processing of my personal details in connection with my application and as outlined in this application form.

I confirm that to the best of my knowledge, the information given in this application form is true and correct. I understand that giving false or misleading statements or withholding information, may result in withdrawal of an offer of employment, or my appointment being terminated if I have already been appointed.

NAME IN BLOCK LETTERS	SIGNED	DATE

CHECKLIST – Please ensure that you have provided the following:- (Please tick)				
I.D. or Passport				
Qualifications				
2 Reference Letters				

POST APPLIED FOR:					
13 DECLAR	RATION OF CRIMINAL OFFE	NCES			
	en court martialled, or been co in Gibraltar or elsewhere? (Pl		ffence within the last 10		
YES		NO			
If you have ti sheet if nece	cked yes then you must comp ssary.	lete the table below. F	Please use additional		
Date	Offence	Sentence	Pending Charges (Give dates)		
comments ye confidentially	es and background of your off ou may wish to make in this and only considered in relation relations and office any information relation of an offer of appointment appointed.	equested in this Se	tion given will be treated you are applying.		
Cionad					
Signea					
Name (in block lette	ers)				
Date					