## HM GOVERNMENT OF GIBRALTAR



РНОТО

# **EXTERNAL INDUSTRIAL APPLICATION FORM**

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

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

- Original documents as proof of academic and other qualifications must be produced. (These will be photocopied and returned immediately).
- This application form must be completed in duplicate. The original must be <u>handed in</u> to <u>Human Resources Department</u>, 82-86 Harbour's Walk, New <u>Harbours</u>, Rosia Road, Gibraltar, by the closing date for receipt of applications.

### COMPLETING YOUR APPLICATION FORM

- Please complete this application form carefully and completely. Forms may
  be typewritten, or neatly hand-written. Please do not cross out sections, or
  write `see CV' or `Refer to CV'. Although CVs may be submitted, they will
  only be accepted in support of information, statements or contentions, already
  established in the application form.
- When completing this application form, you should ensure that you are in possession of the job and person specification for the relevant post. In particular, it is IMPORTANT that you take the opportunity to use the application form to evidence that you meet the competences set out in the person specification. This information is essential in the event of applicants being short-listed for interview and for the Board at the interview stage. Complete section 6 with this in mind, and do add separate sheets as required.

<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.		

#### FOR OFFICIAL USE ONLY

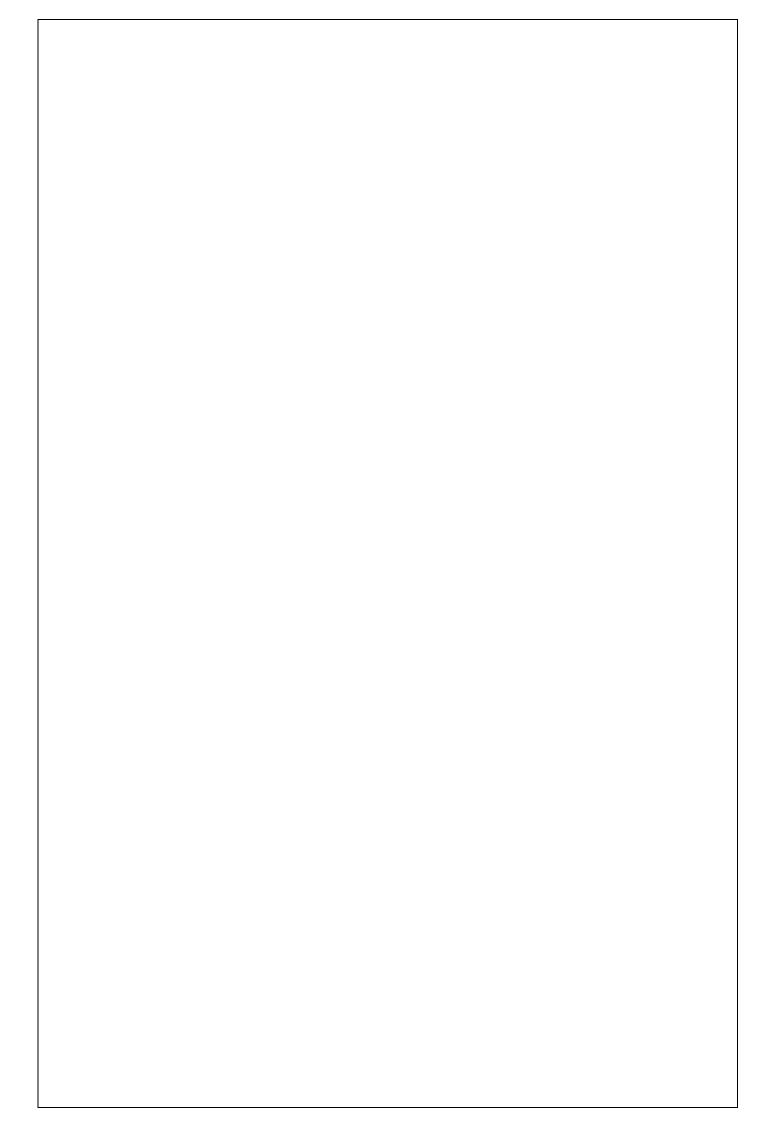
DOCUMENT	SEEN	RETURNED
Evidence of Nationality		
Qualifications		
I/D CARD OR PASSPORT NO.		

2. PERSONAL	INFO	RMATIO	N			
Title:			Surname			
Forenames:						
Previous Name	e if Ap	oplicable:				
Date of Birth:						
Nationality:						
Address:						
Postcode: (if applicable)						
Driving Licence: (if applicable, please state category)						
Home Telepho	ne Ni	umber:				
Work Telephor	ne Nu	mber:				
Mobile Telepho	one N	lumber:				
email address:						

Please give details of any qualification(s) held, when and where obtained.					
Subject(s)	Grade(s	)	Date(s)		
4. FURTHER & HIGHER ED	UCATION				
Please give details of any ful		olleges/ universities atte	ended		
and any qualifications obtain	ea.				
College/ University/	Qualification(s)/Grade(s)	Subject(s)	Date(s)		
Training provider					
5. TRAINING AND DEVELO	PMENT				
O. HAMMING AND DEVELO					
Please give details of further First Aid certificates etc.	training taken – e.g. Manag	ement courses, IT cou	rses,		
College / University/	Qualification(s)/Grade(s)	Subject(s)	Date(s)		
Training provider			(-/		

3. QUALIFICATIONS

6. PERSONAL STATEMENT
Highlight your experience, particular skills or training of relevance to the post/grade applied for and state, why you have applied for this post. Add any other information about yourself that you consider may be relevant e.g: sporting, cultural and other interests, previous work experience outside the Civil Service, voluntary work etc.  (If you require more space, please attach a separate sheet to this form).
This is your opportunity to demonstrate how you meet each of the competences set out in the <u>Person Specification</u> , showing how your skills, knowledge and experience match the requirements of the job. Please give us as much relevant information as possible, including examples whereve applicable. Please continue on a separate sheet if necessary.
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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 re	latives.					
(a) FIRST REFERENCE						
Full Name of Referee						
Full Address of Referee						
email address						
(b) SECOND REFERENCE	E					
Full Name of Referee						
Full Address of Referee						
email address						

7. REFERENCES

POST APPLIED FOR:						
8. DECLARATION	OF CRIMINAL OFFENCES					
Have you been cou	rt martialled, or been convict	ed of a criminal offence	within the last 10 years			
•	elsewhere? (Please tick bel		within the last 10 years,			
YES		NO				
120		NO .				
•	es then you must complete the	he table below. Please u	se additional sheet if			
necessary.  Date	Offence	Sentence	Pending Charges (Give			
			dates)			
_	record will not necessarily	•	•			
	oraltar. This will depend on background of your offend	·				
	ay wish to make in this re	`	•			
·	nly considered in relation to t	• •				
Failure to disclose	any information requeste	d in this Section, may	lead to the withdrawal			
	of an offer of appointment, or termination of employment if you have already been					
appointed.						
Signed						
(in block letter	s)					
Date						

#### 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. 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 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.

### 11. (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.

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

# 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 the cancellation of the application and termination of my appointment.

NAME IN BLOCK LETTERS	SIGNED	DATE