# **HM GOVERNMENT OF GIBRALTAR**

**PHOTO** 



#### **APPLICATION FORM**

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

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

- Please ensure that you answer all the questions as fully as possible. 'See CV' will not be accepted.
- 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.

# FOR OFFICIAL USE ONLY DOCUMENT SEEN RETURNED Evidence of Nationality Qualifications I/D CARD OR PASSPORT NO.

#### 2. PERSONAL INFORMATION

Title:	Surna	me			
Forenames:		: }			
Previous Name	if Applicable:				
Date of Birth:					
Nationality:					]
Address:					
Postcode: (if applicable)					
Driving Licence: (if applicable, please state category)					
Diago indicate u	uhiah af tha fal	lavina vya ma	vene te conte	at valu	(Dlagge tick)
Please indicate v	vnich of the fol	lowing we ma	y use to conta	ct you:	(Please tick)
Home Telephon	e Number:				
Work Telephone	e Number:				
Mobile Telephor	ne Number:				
email address:					
3. EMPLOYME	NT HISTORY				
Please list in ord whether full or p ( <i>PLEASE USE</i> )	art time, includ	ling voluntary,	unpaid, or se		
(a) Current (or I	most recent)	Employer's N	lame and Ado	Iress:	

Dates of Employment:	From:	To:	
Job Title:			
Reason for leaving:			
Brief outline of Duties:			
(b) Previous Employe	er's Name and Addre	ess:	
Dates of Employment:	From:	To:	
Job Title:			
Reason for leaving:			
Brief outline of Duties:			
(c) Previous Employe	er's Name and Addre	9 <b>SS</b> :	
Dates of Employment:	From:	То:	1
Job Title:	FIOIII.	10.	
Reason for leaving:			
Brief outline of Duties:			
4. QUALIFICATIONS  Please give details of a		eld and where obtained	
School(s)	Date(s)	Subject(s)	Grade(s)

]			
5. FURTHER & HIGH		l ner education - college:	s/universities attended
and any qualifications		iei education - college:	s/universities attenued
College / University/ Training provider	Date(s)	Subject(s)	Qualification(s)/Grade(s)
6. TRAINING AND D			1.
First Aid certificates etc		ken – i.e. Management	courses, II courses,
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)

8. REFERENCES	

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.

<ul> <li>be dated within 3 months of the closing date</li> <li>not contain letterhead from the department if written by a Government official</li> <li>be appropriate to the post that you are applying for</li> </ul>
(a) FIRST REFERENCE
(a) FIRST REFERENCE
Full Name of Referee
Full Address of Referee
email address
(b) SECOND REFERENCE
Full Name of Referee
Full Address of Referee

# 9. DATA PROTECTION ACT 2004

email address

Please note that references must:

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.

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	d processing	of my personal	details
in connection	with my app	lication and a	s outlined in	this applicati	on 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 e	nsure that you ha	ave provided the following:-
	(Please tick)	
I.D. or Passport		
Qualifications		
2 Reference Letters		

POST APPLIED FOR:

13. DECLAR	ATION OF CRIMINAL OFFE	NCES	
7	en court martialled, or been co n Gibraltar or elsewhere? (Pl		ence within the last 10
YES		NO	
If you have tionsheet if neces	cked yes then you must comp	lete the table below. Pl	lease use additional
Date	Offence	Sentence	Pending Charges (Give dates)
	isclose any information re		
withdrawal  d already been	of an offer of appointment appointed.	or termination of em	nployment if you have
Signed			
Name (in block lette	rs)	].	
Date	]		