

# ADS

Addiction Dependency Solutions

## APPLICATION FOR EMPLOYMENT

Job Applied for: \_\_\_\_\_

Application to be returned by: \_\_\_\_\_

### NOTE ON COMPLETION OF APPLICATION FORM:

Please download this form and save it to your PC.

Complete the form and e-mail it with any attachments to;

**Human.Resources@ADsolutions.org.uk**

Or, complete the form in type or black pen (as it will be photocopied) and send it together with any enclosures to:

**HR Department, Addiction Dependency Solutions,  
87 Oldham Street, Manchester, M4 1LW**

Surname : \_\_\_\_\_

Other Names : \_\_\_\_\_

Your Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email : \_\_\_\_\_

### TELEPHONE NUMBERS:

Home : \_\_\_\_\_

Work : \_\_\_\_\_

Mobile : \_\_\_\_\_

## QUALIFICATIONS / EDUCATION / TRAINING

Please summarise below your Qualifications, Education and any Training Courses that you have attended (in chronological order), which are relevant to the post for which you are applying.

Please give names of the educational establishments, dates, grades and if the course was full time or part-time.

Qualifications / Education / Training	Dates From	To	Level

## WORK HISTORY

Please give details of past and present work. This can be paid, voluntary work or work at home. Start with the most recent.

Work History Name of Employer (List Paid or Voluntary & Position Held)	From	To	Salary and hours worked	Reason for Leaving

## **ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION**

Please have regard to the Person Specification. (Include a reinforcing statement as to why you are applying for this particular job)

**Please continue on a separate sheet if necessary. No more than one additional sheet of A4 please.**

## REFERENCES

Please give the names and addresses of two people to whom reference can be sought. One should be your present employer or, if you are unemployed, your previous employer. Please state whether employed or on a voluntary basis.

**PLEASE NOTE:** Referees will only be contacted if you are shortlisted for interview. If you do not wish your referees to be contacted prior to interview, please tick the box.

Present or Last Employer	Other Referee
Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
_____	_____
Postcode: _____	Postcode: _____
Telephone Number: _____	Telephone Number: _____
Voluntary or Employed: _____	Voluntary or Employed: _____

How soon, after an offer of a job, would you be able to start? \_\_\_\_\_

Do you have a current driving licence? \_\_\_\_\_

YES  NO

Please indicate where you saw this post advertised \_\_\_\_\_

Have you applied for another post within the organisation within the past 2 years?

YES  NO

If yes, which position? \_\_\_\_\_

Would you require a UK work permit to take up the appointment?

YES  NO

If employment is offered, you will be required to produce a national insurance (N.I.) number or acceptable alternative document, confirming your entitlement to work in the UK.

## CANDIDATE'S DECLARATIONS

### DECLARATION OF INTERESTS

Are you related to a member of ADS's staff or a Board Member? YES  NO

### HEALTH

To the best of my knowledge, there is no reason in respect of my physical or mental health why I should not be able to carry out fully, the tasks described for this post. (Please note: because of the work undertaken by ADS, we cannot employ anyone with a personal history of addiction unless he or she has brought their alcohol or drug misuse under control for a minimum of 2 years).

Total number of days sickness absence in last 2 years

Total number of occurrences of sickness absence in last 2 years

Please provide details of all long term sickness absence in last 2 years (e.g. absence greater than 4 weeks)

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Please indicate if any absence was maternity or disability related (if necessary attach a separate sheet):

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ADS are committed to the employment of people with disabilities.

Please indicate if you have a disability: YES  NO

If yes, do you require any adjustments to the selection process? YES  NO

If yes, please provide details: \_\_\_\_\_

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### CRIMINAL CONVICTIONS

You will appreciate that ADS, being responsible for the provision of services to people with drink and drug problems and their families and children, must be particularly careful to enquire into the character and background of applicants for appointments to posts which involve working with these vulnerable groups. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, this post is exempt from the provision of the said Act. You are, therefore, obliged to give details of any previous or current convictions, including cautions, reprimands or final warnings. A criminal record/conviction will not automatically exclude you from gaining employment within ADS.

Have you ever been convicted of a criminal offence? YES  NO

If yes, please complete the attached "Statement of Convictions Form" and return it with this application in a sealed envelope marked 'private and confidential'.

This position will be subject to a Criminal Records Bureau check.

Do you agree to a CRB enhanced disclosure if appointed to this post? YES  NO

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I confirm that the information I have given on this application form is correct and accurate and I understand that misleading statements or information may be sufficient grounds for withdrawal of any offer of employment or that any subsequent employment may be terminated.

Date \_\_\_\_\_

to confirm that the above information is true and accurate you will be required to sign the application if you are called for interview.

Signed \_\_\_\_\_

## STATEMENT

We wholeheartedly support the principle of equal opportunities in both employment and in service delivery and will not engage in any form of unlawful or unfair discrimination.

We believe that it is in our own best interest, and those of all who work within the organisation, to ensure that the talents and skills available throughout the community are considered when employment opportunities occur. To this end, we are committed to achieving and maintaining a workforce which broadly reflects the local community in which we operate.

Every possible step will be taken to ensure that individuals are treated equally and fairly and that decisions on recruitment, selection, training and promotion and career management are based solely on objective and job related criteria.

As one of the leading providers of services for people with alcohol and drug problems in the North West, we recognise the need to ensure that those services are available to everyone.

We are aware of the different and equal needs of individuals within our community and endeavour to meet those needs in a way that is consistent, responsive, effective, objective and fair.

A commitment to equal opportunities must be shared by everyone concerned with Alcohol & Drug Services in order for it to be effective. It is our intention therefore to promote the principles of equal opportunities in all aspects of our performance and will constantly monitor the effectiveness of this statement.

# ADS

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## EQUAL OPPORTUNITIES MONITORING SELF-CLASSIFICATION FORM

All information given in this document will be treated in strict confidence by the HR Department. It will not form part of the selection process, this form will be separated from your application as soon as it is received.

ADS aims to be an equal opportunities employer, to help us achieve this we would be grateful if you could answer the following questions

**Position Applied For:** \_\_\_\_\_

**Project:** \_\_\_\_\_

1. **Sex**  Female  Male
2. **Age**  Under 18  18-29  30-50  Over 50
3. **Marital Status**  Married  Single  Divorced  Widowed  Other

4. **Please indicate your ethnic origin:**

- |   |   |   |
|---|---|---|
| <b>White</b>  | <b>Black or Black British</b>                       | <b>Mixed</b>  |
| <input type="checkbox"/> British                    | <input type="checkbox"/> Caribbean                  | <input type="checkbox"/> White & Black Caribbean    |
| <input type="checkbox"/> Irish                      | <input type="checkbox"/> African                    | <input type="checkbox"/> White & Black African      |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Any other black background | <input type="checkbox"/> White & Asian              |
|   |   | <input type="checkbox"/> Any other mixed background |
| <b>Asian or Asian British</b>                       | <b>Other Ethnic Groups</b>                          |   |
| <input type="checkbox"/> Indian                     | <input type="checkbox"/> Chinese                    |   |
| <input type="checkbox"/> Pakistani                  | <input type="checkbox"/> Any other Ethnic Groups    |   |
| <input type="checkbox"/> Bangladeshi                | <input type="checkbox"/> Not Stated                 |   |
| <input type="checkbox"/> Any other Asian Background | Please State: _____                                 |   |

5. **Do you consider yourself to have a disability?**  YES  NO

If yes, would you describe yourself as:  Disabled - not registered  
 Registered Disabled

6. **Which of the following descriptions best describes your disability?**

- Visual (NOT corrected by wearing glasses or contact lenses)
- Co-ordination, dexterity or mobility
- Mental Health
- Speech
- Learning difficulties
- Hearing
- Combination of the above or other physical or mental conditions

Please specify: \_\_\_\_\_

*This information is sought under the Disability Discrimination Act 1995 and enables ADS to ensure compliance with the Act and its own internal Equal Opportunities Policy.*

Please save this form and e-mail it to [human.resources@adsolutions.org.uk](mailto:human.resources@adsolutions.org.uk)