



Position Applied for:

1. Personal Details

Full Name:	TITLE: Mr/Mrs/Miss/Ms/other		
Address:			
Postcode:			
Is this address:	Family Home <input type="checkbox"/>	Temporary Residence <input type="checkbox"/>	Email Address:
Home tel. No.	Mobile tel. No.		

Date of Birth?		Place of Birth?	
NI Number?		Tax ref/ITIP No.?	
Do you have an IOM Gov. Craftmans card?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
	What is the card number?		

2. Work Permit Information - *Please refer to appendix 1 for guidance or contact IOM Government WP office

Were you born on the Isle of Man?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes go to section 3
Are you an Isle of Man worker as defined in the Control of Employment Acts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please describe briefly why you believe you are an Isle of Man worker?			
If you are residing on the Island, when did you take up residence?	Month <input type="text"/>	Year <input type="text"/>	
If you are married, does your partner hold a valid work permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please provide partners full name			
Name: <input type="text"/>	Permit No.	<input type="text"/>	

SCS Use only		
Interviewed by	1. <input type="text"/>	2. <input type="text"/>
Date of interview	<input type="text"/>	
Position offered	Yes / No / tbc	
Start Date	<input type="text"/>	
Rate offered	£ <input type="text"/>	
Initial Period of Employ	1 Month Trial	3 Month Probation



3. Current or Most Recent Employer

Current/most recent employer (address)	Responsibilities and in what capacity	FT or PT	Date from	Reason for seeking alternative employment
Notice Required?				
Final Salary or Hourly rate incl. allowances?				

4. Previous Employment – most recent first (please use extra sheet or attach CV)

Previous employers (name and address)	Responsibilities and in what capacity	FT/PT	Base salary add. allowance	Date From	Date To	Reason for leaving
Do you have any disciplinary issues either in current or previous employment?		(if yes) please give brief details				
Do you have any Industrial Relation issues either in current or previous employment?		(if yes) please give brief details				
Please state whether you have previously been dismissed from any employment, office or other position by a reason of misconduct		(if yes) please give brief details				



5. Education & Training – most recent first

Secondary/Further/Higher Institution (name and address)	Course, Subject	Grade Award	FT / PT	Date from	Date to

6. Personal / Professional Development

Personal or Professional development (include any courses, memberships of professional organisations, voluntary work or responsibilities you consider relevant, with outcomes where applicable)

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7. Specific Skills / Other Supporting Information

Please give details of any specific skills or other supporting information you feel is relevant to this application (at the back of this application is an additional blank page should you require it)

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8. Additional Information

Do you hold a driving licence?	Yes/No
Are there any endorsements on licence or are any pending?	Yes/No
Do you have your own vehicle for work?	Yes/No
Do you possess a tool kit relevant to the position?	Yes/No
Do You Smoke?	Yes/No
Do you use recreational drugs?	Yes/No
Do you have any criminal convictions? (other than motoring offences)	Yes/No
Have you spent any time in prison or had an anti-social behaviour order issued against you? (ASBO)	Yes/No If yes please give details below
(Also, please see Rehabilitation of Offenders below)	
For certain positions there will be a requirement for a Police Criminal Records Bureau check to be obtained Are there any issues that may affect the employ?	Yes/No If yes please give details below or on p9
(Also, please see Rehabilitation of Offenders Act section)	
Do you have any holidays booked between now and the end of the year (give details)	Yes/No
Has this form been completed in your own handwriting	Yes/No
Where did you see the post advertised?	Local Newspaper Job Centre Office Job Centre Website SCS Website Word of Mouth

9. Referees

Please give the names and addresses of two referees (not relatives), including a telephone number. One referee must be your current (or most recent) employer / line manager or course tutor if you are a school/college leaver.

Your referees must be able to provide direct knowledge of your work performance and attendance record.

References maybe taken up for shortlisted candidates only, prior to interview.

<p>Current/most recent employer :</p> <p><input type="checkbox"/> Please tick box if this referee can be contacted prior to interview</p> <p>Title: <u>Mr/Mrs/Miss/Ms/Dr</u></p> <p>Name: _____</p> <p>Job title: _____</p> <p>Organisation/company: _____</p> <p>Address: _____</p> <p style="text-align: right;">Post code: _____</p> <p>Relationship: (eg line manager, tutor) _____</p> <p>Telephone number: _____</p> <p>Email address: _____</p>	<p>Other referee:</p> <p><input type="checkbox"/> Please tick box if this referee can be contacted prior to interview</p> <p>Title: <u>Mr/Mrs/Miss/Ms/Dr</u></p> <p>Name: _____</p> <p>Job title: _____</p> <p>Organisation/company: _____</p> <p>Address: _____</p> <p style="text-align: right;">Post code: _____</p> <p>Relationship: (eg line manager, tutor) _____</p> <p>Telephone number: _____</p> <p>Email address: _____</p>
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REHABILITATION OF OFFENDERS ACT Please refer appendix 2 for guidance before completing this section

Because by the nature of the work for which you are applying and accesses you may have SCS need to satisfy security checks which as a company we are asked for.

In the event of employment, any failure to disclose such convictions could result in disciplinary action or immediate dismissal

Any information given will be completely confidential

1. Have you had any cautions, convictions, warnings or reprimands? Yes/No
If YES, please provide full details (court, offence, judgement and date)

2. You are required to declare if you are currently the subject of any investigation or proceedings by any body having regulatory functions relating to educational professionals including such body in another country

Are you currently the subject of any investigation or proceedings? Yes/No
If YES, please provide full details

3. You must also disclose if you have ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practice proceedings by a regulatory body in the UK or in another country

Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations? Yes/No
If YES, please provide full details

4. Are you currently the subject of any police investigation in the IOM, UK or any other country? Yes/No
If YES, please provide full details



HEALTH & MEDICAL

Because by the nature of the work for which you are applying – the purpose of the pre employment health assessment is to ensure, so far as possible, that you are fit for the post and work you have applied for and are able to carry out that function in order to protect your own and others health and safety.
The information you provide will remain confidential.

1. Are you registered disabled?	Yes/No
2. Are there any adjustments that may be required to be made should you be invited for interview? If YES, please provide full details	Yes/No
3. Are you receiving any medical treatment at present or taking any medication which may adversely affect your ability to work in this post? If YES, please provide full details	Yes/No
4. Please state details of sickness absence from work or education during the past 2 years Total no. of absences <input type="text"/> Total no. of days <input type="text"/>	
5. Are you in receipt of an ill health retirement pension?	Yes/No

Please state if you have ever suffered from any of the following by ticking the appropriate box and giving full details in the space provided including dates of occurrences.

PROBLEM	YES	NO	DETAILS
Fits, Faints, Epilepsy			
Recurring Headaches or Migraines			
Heart Trouble, High Blood Pressure, Palpitations			
Asthma, Hayfever, Bronchitis			
Skin Rashes, Psoriasis, Eczema or other conditions			
Abscesses			
Diabetes, Thyroid or Gland Problems			
Back Trouble, Lumbago, Sciatica			
Arthritis, Rheumatism			



Employment Application Form

Stewart Clague Services Ltd
Ballannette Park, Lonan Old Church
Road, Baldrine, Isle of Man, IM4 6AJ

Cont.

PROBLEM	YES	NO	DETAILS
Gastric/Duodenal Ulcer or other Disorder of Stomach, Liver or Bowel			
Varicose Veins, Swelling of Legs or Ankles			
Injury to Bones, Muscles, Joints/ Tendons or Ligaments, including Wrist			
Ears, Nose or Throat Disorders, or any deafness			
Nervous Breakdown, Disease of the Nervous System, Depression			
Have you had any operations or are you waiting to have one?			
Have you had any major injury, Operation or Accident?			
Is your sight good for all normal purposes?			
Do you wear Contact Lenses or Glasses, if so what for?			
Do you have any hearing problems not corrected with a hearing aid?			
Have you ever had any mental illness or psychological problems?			
Have you ever had a drug or alcohol problem? (Please ask for SCS policy)			
Do you have any allergies or sensitivities?			
Do you smoke now or have you ever smoked?			
Have you ever had treatment for Tuberculosis (TB)?			
In the last 12 months have you had a cough for more than 3 weeks, ever coughed up blood or had any unexplained loss of weight or fever?			
Have you ever had any illness, which may have been caused or made worse by your work?			
Any other medical details relevant to your employment by us including past industrial disease or accident?			
Do you have private medical insurance			
Do you have any pre medical conditions not mentioned above?			

VACCINATION HISTORY:

1. Have you ever had any of the following vaccinations or tests, please indicate YES, NO or DON'T KNOW. Please indicate dates where known.
2. You should be advised that all trades experience exposure to certain biological hazards.
3. You are urged to seek the advice of your Doctor relative to the level of vaccination cover you may benefit from.

Immunisation	Yes	No	Don't Know	Dates
Tetanus				
Rubella (German Measles)				
TB Test (Heaf, Tine, Mantoux)				
BCG (TB Vaccination)				
Hepatitis A				
Hepatitis B Injection No 1 Injection No 2 Injection No 3 Blood Test Booster Dose Blood Test				

DATA PROTECTION STATEMENT

The information you provide on this form, and that obtained from other relevant sources, will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us. I understand that personal details about me will be held electronically and manually for employment purposes, subject to the requirements of the Isle of Man Data Protection Act 2002. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected, with third parties or with other information held by us. We may also use, or pass to certain third parties, information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data, (as described above), in accordance with our registration with the Data Protection Registrar.

Declaration

I declare that the information I have given in this application including medical and health questions along with my letter of application is accurate and true. I understand that providing misleading or false information will disqualify me from appointment OR, if appointed, may result in my immediate dismissal.

Signature:

Date:

APPENDIX 1 – Work Permits

Under the provisions of the Control of Employment Acts and the Regulations made thereunder, any person who is not an Isle of Man Worker requires a work permit issued by the Department of Trade and Industry before taking up employment or self employment in the Isle of Man, except in the case of a few exempted employments.

An **Isle of Man Worker** is a person:-

- (a) Who was born on the Island; or
- (b) Who has been ordinarily resident in the Island for a period of not less than 10 consecutive years at any time; or
- (c) Who has been ordinarily resident in the Island for any continuous period of 5 years commencing on or after the 1st June 1963 unless within 5 years of so qualifying he ceases to be ordinarily resident in the Island and fails to resume such residence within 15 years. However, if he so resumes such residence but within the following 5 years he again ceases to be ordinarily resident in the Island he shall thereupon cease to be qualified as an Isle of Man Worker; or
- (d) Who is married to a person who is qualified as an Isle of Man Worker; or
- (e) Who, having been ordinarily resident in the Island for a period of not less than 3 years immediately prior to termination of the marriage or who continues to be so resident in the Island, was formerly married to an Isle of Man Worker; or
- (f) Who is the child of a person who is qualified as an Isle of Man Worker; AND at the time of the former's birth, was serving or was married to a person who was serving in the armed forces of the Crown or in any of the capacities mentioned in Schedule 1 of the Disabled Persons Employment Act 1946 and was either born in the Island or such service immediately followed a period of residence in the Island of not less than three years; or
- (g) One of whose parents:-
 - (i) was born in the Island; and
 - (ii) was ordinarily resident in the Island for the 5 consecutive years immediately following his birth in the Island; or
- (h) Who has, during a period in which he was ordinarily resident in the Island been receiving full-time education, whether in the Island or elsewhere, but that person shall cease to be qualified as an Isle of Man Worker under this paragraph if he ceases to be ordinarily resident in the Island.

Please refer to IOM Work Permit Office for further details.

APPENDIX 2 - Criminal Convictions - Rehabilitation of Offenders

The Rehabilitation of Offenders Act 2001, which came into force on 21 June 2001, allows certain convicted persons who have not been reconvicted after certain lengths of time, to consider their convictions "spent". The following paragraphs briefly summarise this legislation.

The Act enables applicants for posts (which are not exempt by virtue of the Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001 (as amended), to refrain from disclosing details of convictions unless, It involved a custodial sentence for a term exceeding 30 months or for "Life", or It was a sentence of detention during Her Majesty's Pleasure, in relation to certain young offenders. Otherwise, candidates may consider as spent, after the following periods of time, the following convictions:-

<i>Nature of Conviction</i>	<i>Rehabilitation Period</i>
A sentence of custody for a term not exceeding six months	7 Years
A sentence of custody for a term exceeding six months but not exceeding 12 months	8 Years
A sentence of custody for a term exceeding 12 months but not exceeding 18 months	9 Years
A sentence of custody for a term exceeding 18 months but not exceeding 30 months	10 Years
A fine or any other sentence subject to rehabilitation under the Act, not being a sentence to which any of paragraphs 8 to 13 apply	5 Years
<i>Paragraphs 8 to 13 include: -</i> A Conditional Discharge, or A Probation Order, Curfew Order, Attendance Centre Order or Reparation Order, or A Bindover by a Court	1 Year from:- (a) the date of conviction, or (b) a period beginning with that date and ending when the sentence ceases or ceased to have effect (whichever is the longer)
An Absolute Discharge	6 Months
Where the conviction imposed any disqualification, disability, prohibition or other time limited penalty.	From the date of the conviction to the date it ceases to have effect

Candidates for posts in the following areas of the Public Service are not, by virtue of the Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001 (as amended), entitled to withhold details of spent convictions:-

- Any posts in the Attorney General's Chambers or any Judicial appointments.
- As a Veterinary Surgeon an Accountant, Dentist or Medical Practitioner.
- As an Optician or Pharmacist As a Nurse, Midwife or person registered
- Any employment within the DHSS (or any other employer) in connection with the provision of social services where the postholder has access in the course of his/her normal duties to:-
 - persons suffering from serious illness or mental disorder;
 - persons addicted to alcohol or drugs;
 - persons who are blind, deaf or dumb;
 - other substantially disabled persons.
- Any employment concerned with the provision of Health Services which enables such postholders to have access to patients.
- As a Teacher, and any other posts which are wholly or partly within a school or est. for further education.
- Any employment concerned with the provision of accommodation, leisure facilities, schooling, social services supervision or training of persons under 18 years which the postholder to have access to such persons.
- Any employment concerned with safeguarding national security.
- Within the Isle of Man Police, Prison or Probationary Services; or posts concerned with the administration of prisons or other detention facilities.
- Any employment where an application is made to the Department of Home Affairs for registration as Security Staff.

If the advertised post falls within the categories listed above, applicants are required to disclose details of spent convictions. Declaring convictions does not automatically exclude applicants from employment. Each case is considered on its merits.

The above summary should not be regarded as an authoritative statement of the:-

- Rehabilitation of Offenders Act 2001;
- Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001; and
- Rehabilitation of Offenders Act 2001 (Exceptions)(Amendment) Order 2006

In cases of doubt, applicants should seek their own advice.