



# FOIRM IARRTAIS OBRACH

## Application for Employment

Fàs Mòr | Sabhal Mòr Ostaig | Slèite | An t-Eilean Sgitheanach IV44 8RQ | Fòn: 01471 888 212

Cleachdaibh **peann dubh** is sgrìobhaibh ann an **LITRICHEAN MÒRA** no litrichean a' choimpiutair.

Please use **black ink** and **BLOCK LETTERS** or typescript.

### A An obair/Post Details

Roinn/Department:

Tìotal na h-obrach/Post designation:

### B Fiosrachadh Pearsanta/Personal Details

Ainm slàn/Full Name:

A bheil cead draibhidh agaibh? THA/CHAN EIL

Do you hold a full current driving licence? YES/NO

Seòladh is Còd-puist/Address & Postcode:

A bheil càr agaibh? THA/CHAN EIL

Do you own/have access to a car? YES/NO

Seòladh post-d/Email address:

Fòn taighe/Telephone (Home):

Fòn obrach/Telephone (Business/Mobile):

### C Foghlam/Education

Ann an òrdugh frithealaidh/In order of attendance

| Sgoil/Colaiste/Oilthigh<br>School/College/University | Ceann-là/Date |       | Cuspair<br>Subject | Ìre agus teisteanas a fhuair sibh<br>Level & qualification gained |
|------------------------------------------------------|---------------|-------|--------------------|-------------------------------------------------------------------|
|                                                      | Bho/From      | Gu/To |                    |                                                                   |
|                                                      |               |       |                    |                                                                   |
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### D Uidheamachdan eile/Other Qualifications and Training

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### E Ballrachd Bhuidhnean Dreuchdail/*Membership of Professional Bodies*

| Ainm na buidhne/ <i>Name of Body</i> | Ire aig a bheil sibh/ <i>Current Status</i> |
|--------------------------------------|---------------------------------------------|
|                                      |                                             |
|                                      |                                             |
|                                      |                                             |

### F Dreuchd a th' agaibh an-dràsta/*Present Employment*

|                                                                         |                                                                                                                |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Ainm is seòladh an fhastaidheir/ <i>Name &amp; Address of Employer:</i> | Ceann-là tòiseachaidh/ <i>Date commenced employment:</i>                                                       |
|                                                                         | Tuarastal/ <i>Present Salary:</i>                                                                              |
|                                                                         | Dè an ùine rabhaidh a dh'fheumar a thoirt don fhastaidhear nam faighte tairgse obrach/ <i>Notice Required:</i> |
| Dreuchd/ <i>Position held:</i>                                          |                                                                                                                |
| Dleastanasan/ <i>Current duties:</i>                                    |                                                                                                                |
|                                                                         |                                                                                                                |
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### **G Eachdraidh Obrach/Previous Employment**

Bu chòir an eachdraidh obrach seo a dhol air ais trì bliadhna/*Details of employment should cover the last 3 years*

[illegible]

[illegible][illegible]

**J Slàinte/Health**

A bheil no an robh tinneas no bristeadh-slàinte agaibh a dh' fhaodadh buaidh a thoirt air ur comas an obair seo a choileanadh? Ma tha, thoiribh iomradh an seo:

*Are you aware of any medical condition that could affect your performance at work? If yes, please supply brief details below:*

*Are you aware of any medical condition that could affect your performance at work? If yes, please supply brief details below:*

**K Ciorram/Disability**

A bheil sibh ag iarraidh fios a leigeil a thaobh ciorram sam bith a th' agaibh?  
*Do you wish to declare a disability?*

Ma tha sibh ciorramach is ma gheibh sibh agallamh, a bheil goireasan taice sam bith ann a bhios na chuideachadh dhuibh aig agallamh?  
*If you consider yourself to be disabled and you are selected for interview, are there any facilities that may assist you at interview?*

**L Sanasachd/Advertisement Source**

Càite am faca sibh an sanas obrach?  
*Where did you see this vacancy advertised?*

**M Teisteanasan/Referees**

Ainmichibh dithis a bheir teisteanas dhuibh/*Name, address & occupation of two referees*

|                                |                                |
|--------------------------------|--------------------------------|
| Ainm/ <i>Name:</i>             | Ainm/ <i>Name:</i>             |
| Seòladh/ <i>Address:</i>       | Seòladh/ <i>Address:</i>       |
| Àireamh fòn/ <i>Telephone:</i> | Àireamh fòn/ <i>Telephone:</i> |
| Dreuchd/ <i>Occupation:</i>    | Dreuchd/ <i>Occupation:</i>    |

A bheil e ceadaichte dhuinn bruidhinn riutha ron agallamh? THA/CHAN EIL  
*Do you have any objection to your referees being contacted prior to interview?* YES/NO

**N Dearbhadh/Declaration**

Tha mi a' dearbhadh gu bheil am fiosrachadh gu h-àrd fìor/*I declare that all the information in this form is true and correct.*

Ainm Sgrìobhte/*Signature*..... Ceann-là/*Date*.....

**Tillibh am foirm seo còmhla ris an fhoirm thagraidh/Please return this form with your application form**

**Co-ionannachd Chothroman/Equal Opportunities**

**Tha Co-ionannachd Chothroman aig cridhe Fhàs Mòr agus cuirear fàilte air iarrtais bho gach roinn den choimhearsnachd.**

Tha Poileasaidh Co-ionannachd Chothroman aig Fàs Mòr agus i a' miannachadh cur às do lethbhreith chinnidh agus deagh dhàimh cinnidh a bhrosnachadh le a Poileasaidh Co-ionannachd Cinnidh. Dèiligear ris a h-uile neach-tagraidh obrach air an aon dòigh, cinnidh, dath, nàiseantas no cinnidheachd, creideamh, gnè, gnèitheachd, stàdas phòsta, aois, inbhe shòisealta no ciorram ann no às.

A rèir an lagh feumar cinnidheachd luchd-tagraidh a chlàradh. Cuideachd thèid againn air sùil a chumail air èifeachd ar poileasaidh mar a chuirear an gnìomh iad, agus gu bheilear a' dèiligeadh ri luchd-tagraidh gu cothromach. 'S ann dìomhair a bhios ur freagairtean. Cumar am fiosrachadh air ur cinnidheachd, agus air a' phrìomh bhuidhinn nàiseanta ris a bheil sibh a' gabhail, air leth bhon chòrr de ur pàipearan tagraidh agus cha chleachdar e ach airson adhbharan stataistigeach.

*Fàs Mòr is committed to equal opportunities and welcomes applications from all sections of the community. The company has an Equal Opportunities Policy and is committed to the elimination of racial discrimination and to the promotion of good race relations through its Race Equality Policy. All applicants for jobs will receive equal treatment irrespective of their race, colour, nationality or ethnic national origin, religion, sex, sexual orientation, marital status, age, social background or disability.*

*We are legally required to monitor the ethnic origin of all applicants. This will also enable us to keep a check on the effective implementation of our policies and ensure that all applicants are treated fairly. Your answers will be treated in the strictest confidence. Data on your ethnicity and the main national group with which you most identify will be separated from your other application papers and will be used for statistical purposes only.*

**Tapadh leibh.**

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tìotal na h-obrach/ <i>Post applied for:</i>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Roinn/ <i>Department:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Co-là-breith/ <i>Date of Birth:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Comharraichibh na bocsaichean freagarrach a leanas a thaobh gnè is stàdais phòsta/ <i>Please tick the appropriate boxes to indicate your sex and marital status:</i><br>Female <input type="checkbox"/> Male <input type="checkbox"/> Marital Status: Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Innsibh dè na buidhnean ris a bheil sibh a' gabhail. Comharraichibh aon bhocsa ann an Colbh A agus aon ann an Colbh B.<br><i>Please indicate which groups you most identify with. Please tick only one box in Column A and one box in Column B.</i>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Colbh A/Column A</b><br><br><input type="checkbox"/> Albannach/ <i>Scottish</i><br><input type="checkbox"/> Breatannach no Breatannach Measgaichte/ <i>British or Mixed British</i><br><input type="checkbox"/> Cuimreach/ <i>Welsh</i><br><input type="checkbox"/> Èireannach/ <i>Irish</i><br><input type="checkbox"/> Sasannach/ <i>English</i><br><input type="checkbox"/> Eile (sònraichibh ma thogras sibh)/ <i>Or any other (specify if you wish):</i><br>..... | <b>Colbh B/Column B</b><br><br>Àisianach/ <i>Asian</i><br><input type="checkbox"/> Innseanach/ <i>Indian</i><br><input type="checkbox"/> Pacastànach/ <i>Pakistani</i><br><input type="checkbox"/> Bangladaiseach/ <i>Bangladeshi</i><br><input type="checkbox"/> Buntanas Àisianach eile (sònraichibh ma thogras sibh)/ <i>Any other Asian background (specify if you wish):</i> .....<br><br>Dubh/ <i>Black</i><br><input type="checkbox"/> Cairibianach/ <i>Caribbean</i><br><input type="checkbox"/> Afraganach/ <i>African</i><br><input type="checkbox"/> Buntanas Dubh eile (sònraichibh ma thogras sibh)/ <i>Any other Black background (specify if you wish):</i><br>.....<br><br>Geal/ <i>White</i><br><input type="checkbox"/> Buntanas Geal sam bith (sònraichibh ma thogras sibh)/ <i>Any White background (specify if you wish):</i><br>.....<br><br>Sineach/ <i>Chinese</i><br><input type="checkbox"/> Buntanas Sineach sam bith (sònraichibh ma thogras sibh)/ <i>Any Chinese background (specify if you wish):</i><br>.....<br><br>Cinnidheachd mheasgaichte/ <i>Mixed ethnic background</i><br><input type="checkbox"/> Àisianach is Geal/ <i>Asian and White</i><br><input type="checkbox"/> Geal agus Afraganach Dubh/ <i>Black African and White</i><br><input type="checkbox"/> Geal agus Cairibianach Dubh/ <i>Black Caribbean and White</i><br><input type="checkbox"/> Cinnidheachd Mheasgaichte sam bith eile (sònraichibh ma thogras sibh)/ <i>Any other Mixed ethnic background (specify if you wish):</i><br>.....<br><br>Cinnidheachd sam bith eile/ <i>Any other ethnic background</i><br><input type="checkbox"/> Cinnidheachd sam bith eile (sònraichibh ma thogras sibh)/ <i>Any other ethnic background (specify if you wish):</i><br>..... |
| A bheil ciorram sam bith agaibh?      THA <input type="checkbox"/> CHAN EIL <input type="checkbox"/><br><i>Do you have a disability?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |