



Port Erin Commissioners,  
Commissioners' Office,  
Bridson Street,  
Port Erin,  
Isle of Man IM9 6AN.

## APPLICATION FORM

<i>For (office use only):</i>	<i>References</i>	<i>Interview</i>	<i>Appointment Offered</i>	<i>Medical</i>
<i>Acknowledged</i>				

<b>Position applied for:</b>
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### PERSONAL DETAILS

(PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS)

<b>Title - (delete as applicable)</b> MR / MRS / MISS / MS	<b>Surname</b>	<b>Christian Names</b>
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<b>Home Address:</b>
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<b>Present Address (if different from above)</b>
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<b>Telephone No. (home)</b>	<b>Telephone No. (mobile)</b>	<b>Email Address</b>
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<b>Do you hold a current FULL driving licence? Please specify type (motor car, H.G.V. etc.)</b>
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### EDUCATION

<b>SECONDARY SCHOOL EDUCATION - Please state names of schools attended</b>	<b>Dates of attendance</b>

<b>State examinations taken (Please indicate CSE, GCE, GCSE etc.)</b>	<b>Subjects taken</b>	<b>Date</b>	<b>Grade attained</b>

<b>FURTHER EDUCATION - Please state name of college or university attended</b>	<b>Dates of attendance</b>

<b>State qualifications obtained (GNVQ's, Degrees etc.)</b>	<b>Subjects taken</b>	<b>Date</b>	<b>Grade attained</b>

<b>QUALIFICATIONS - Please state technical or professional qualifications</b>	<b>Name of College, university or professional body etc., by whom qualification gained</b>	<b>Date qualification granted</b>

**ADDITIONAL SKILLS**

<b>Computing experience - please state software packages used etc.</b>

**PRESENT OR LAST APPOINTMENT**

<b>Name of employer</b>	<b>Employer's business and approx. number of employees</b>

<b>Position held</b>	<b>Date appointed</b>	<b>Salary on appointment</b>	<b>Present Salary</b>

<b>Please outline your duties / responsibilities</b>

<b>How much notice must you give your present employer?</b>

**PREVIOUS EMPLOYMENT**

Please list in reverse order - continue on separate sheet if necessary

Employer's Name	Position Held	Name of Company and type of business	Date From / To	Reason for Leaving

**REFERENCES**

All appointments are subject to the receipt of satisfactory references. Please provide details of two appropriate referees to whom confidential enquiries may be made. These should preferably include senior management from previous employers. **Note:** In certain cases it may be necessary to seek references before applicants are short-listed.

If without two previous jobs (or unable to do this), please provide - as appropriate - the names of two school or personal referees (other than relatives)

Name		Name	
Position		Position	
Company		Company	
Address		Address	

Please indicate how these individuals know you and how they know about your work abilities etc. (e.g. state whether they are your current / previous supervisor, manager etc.)

1.		2.	
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Can your present employer be contacted for a reference - before short-listing if necessary	YES	NO
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If NO, please state reason \_\_\_\_\_

**RELATIONSHIP TO MEMBERS / SENIOR OFFICIALS**

Are you related to any current Member of the Port Erin Commissioners or a Senior Member of Staff:	YES	NO
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If the answer to this question is YES, please provide details	
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**CRIMINAL OFFENCES**

Have you ever been convicted of a criminal offence	YES	NO
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If the answer to this question is YES, please provide details	
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Are you currently the subject of any criminal proceedings	YES	NO
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If the answer to this question is YES, please provide details	
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(N.B. The Rehabilitation of Offenders Act 2001 may entitle you to withhold information about criminal offences. Please refer to the guidance notes attached before deciding what information you are required to disclose)

**WORK PERMIT INFORMATION (Please refer to the guidance notes when completing this section)**

Are you an Isle of Man Worker as defined in the Control of Employment Acts?	YES	NO
If yes, under which section of the guidance notes do you qualify?		SECTION .....
If living on the Isle of Man, when did you take up residence?	Month	Year
If applicable does your Spouse or Civil Partner hold a Work Permit?	YES	NO

**HEALTH**

Are you disabled?	YES	NO
Are you receiving any medical treatment at present or taking any medication?	YES	NO

If the answer to this question is YES, please provide details including any assistance you may need to attend for interview

Have you suffered from any serious illness in the last five years?	YES	NO
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If the answer to this question is YES, please provide details

Please state details of sickness absence from work or education during the past five years	No. of Absences	No. of Days (total)

**INTERESTS**

Please state your hobbies and interests

**DECLARATION**

I declare that to the best of my knowledge the information contained in this form and my Curriculum Vitae , if supplied, is true and accurate. I understand that if any of the details I have given are found to be false, or that I have withheld relevant information, my application may be disqualified or, if already in employment, my appointment terminated.

I accept the terms of this offer and agree to abide by them. I also understand that Port Erin Commissioners may wish to process any personal information (as updated periodically) contained within this document for personnel administration and management purposes. This may include the transfer of data to appropriate third parties. I understand that where this is the case, processing and transfer of data will take place in accordance with the provisions of the Data Protection Act 2002. By signing this form I acknowledge that I will be providing Port Erin Commissioners with my consent to these uses.

Applicant's Signature.....

Date.....

**NOTES (for office use only)**