

APPLICANT NUMBER: _____



addiction recovery agency
treatment, support, recovery

APPLICATION FORM

Please complete this form in type or black pen as it will be photocopied

ARA is working towards equal opportunities and intends to treat every applicant as fairly as possible. To help us do this we will detach Pages 1 and 2 of the Application Form before it is sent to a short-listing panel and applicants will be identified by an applicant number only. Information on Pages 1 and 2 is strictly confidential.

Post applied for:

Job Ref:

Where did you see the post advertised?

Full name:

Any previous name:

Home address:

Date of birth:

Gender:

Home phone number:

Work phone number:

National Insurance Number:

Email:

How would you describe your ethnic origin? (please tick one box)

- | | | | | | |
|---------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|
| White | <input type="checkbox"/> | Black (African) | <input type="checkbox"/> | Black (Caribbean) | <input type="checkbox"/> |
| Black (other) | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Other | <input type="checkbox"/> |

DECLARATION

'I declare that the information contained in every section of this application is true and complete and understand that any false or misleading information may make this application void and be deemed a breach of contract should this application lead to appointment.'

Signature: Date:

Applicants sent by email, will be considered as signed upon receipt.