

## APPLICATION FORM

How to Apply - 4 Simple Steps

Step 1: Complete this application in full\* (\*online or print & fill in by hand if preferred)

Step 2: Prepare CV

Step 3: Prepare Covering Letter/Email

Step 4 - Send all of the above i.e. Steps 1, 2 & 3 to [careers@scotia-homes.co.uk](mailto:careers@scotia-homes.co.uk) or alternatively post your application to Scotia Homes Ltd., Balmacassie, ELLON, AB41 8QR

For further information please visit our website [www.scotia-homes.co.uk](http://www.scotia-homes.co.uk) or telephone 01358 722441.

<b>TRADE SELECTION</b> Please indicate which trade(s) you are interested in. If more than one trade selected please use 1 up to a maximum of 4 to show preference i.e. 1 for 1 <sup>st</sup> choice 4 for last choice.			
Bricklayer		General Construction Operative (Groundworker)	
Joiner		Plumber	
<b>Are you registered with CITB?</b>		YES	NO
If 'No', please visit CITB registration website <a href="http://www.citb.co.uk/bconstructive/">www.citb.co.uk/bconstructive/</a> to register.			
<b>Where did you hear about Scotia Homes?</b>			
<b>PERSONAL DETAILS</b>			
Surname:		Forename(s):	
Address (Home):		Telephone No.:	
		Mobile No.:	
		Email Address:	
Town:		Do you hold a current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Postcode:		Licence Type: Full <input type="checkbox"/> Provisional <input type="checkbox"/>	
Name & Address of Next of Kin:			
<b>SECONDARY &amp; FURTHER EDUCATION</b>			
Name of School:			
Name of College:			
<u>Subject</u>	<u>Level</u>	<u>Grade</u>	

EMPLOYMENT HISTORY	
Employers Name & Address	Occupation
HEALTH	
Is there anything we should be aware of that could affect yours and others Health & Safety? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide details below:	
Do you suffer from colour blindness? YES <input type="checkbox"/> NO <input type="checkbox"/>	
INTERESTS/HOBBIES	
BACKGROUND	
Do you have any criminal convictions? (subject to the Rehabilitation of Offenders Act 1974) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are there any restrictions to your residence in the UK, which might affect your right to take up employment in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes Please give details:	
If you are successful in your application, would you require permission from the UK Borders Agency prior to taking up employment? YES <input type="checkbox"/> NO <input type="checkbox"/>	
REFERENCES	
Please indicate two people who can provide references - one of whom should preferably be your present/most recent employer	
Name:	Name:
Address:	Address:
Tel. No.	Tel. No.
Email:	Email:
Occupation:	Occupation:
I give <input type="checkbox"/> /do not give <input type="checkbox"/> # permission to take up my references prior to an offer of employment being made. # <i>Tick as appropriate</i>	I give <input type="checkbox"/> /do not give <input type="checkbox"/> # permission to take up my references prior to an offer of employment being made. # <i>Tick as appropriate</i>
DECLARATION	
I certify that to the best of my knowledge the information given is correct. I understand and accept that if I make any wilfully misleading statement on this form or during a subsequent interview for employment, the company reserves the right to terminate my contract of employment.	
Signed:	Date: