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PORTLAND HARBOUR AUTHORITY LIMITED

EMPLOYMENT APPLICATION FORM

**Please Complete Form In Black Ink**

|  |  |
| --- | --- |
| **POST APPLYING FOR:** |  |

**PERSONAL DETAILS:**

|  |  |
| --- | --- |
| Surname: |  |
| First Name (S): |  |
| Contact Address: |  |
| Postcode: |  |
| Home Tel No: |  |
| Work Or Day Time Tel No: |  |
| Email Address: |  |

**EDUCATION & VOCATIONAL QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| State whether gained at School/College/University Or other institution | Qualifications obtained, examinations passed, or studies currently being undertaken | Results/Grade | Date of Certificate or Award |
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**EDUCATION & VOCATIONAL QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| Name of Professional Body or Institution | Grade of Membership and whether by examination | Date of Joining |
|  |  |  |
|  |  |  |

**EXPERIENCE & SKILLS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Present / Most Recent Employment** | | | | | | | | | |
| Dates Of Employment | | | | From: | | | To: | | |
| Employer’s Name and Address | | | Job Title | | Notice Required | | | | Current Salary |
|  | | |  | |  | | | |  |
| Describe your main duties and responsibilities and includes your reason for leaving: | | | | | | | | | |
|  | | | | | | | | | |
| **PREVIOUS EMPLOYMENT (most recent first)** | | | | | | | | | |
| Employed  From To | | Employer’s Name and Address | | | | Job Title | | Main duties and responsibilities and reason for change | |
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| **INFORMATION IN SUPPORT OF YOUR APPLICATION**  Please include an explanation of your interest in the post and the relevance of your qualifications and experience. Please continue writing on a separate sheet if additional space is required. | | | | | | | | | |
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| **OTHER INTERESTS / LEISURE ACTIVITIES**  Please include details of any public service duties undertaken, e.g., Justice of the Peace, School Governor, or membership of the Reserve Forces. | | | |
|  | | | |
| **REFERENCES**  Please give details of two referees (not relatives) who can provide current information about your work experience and skills. One referee must be your present or most recent employer. | | | |
| Your present or most recent employer: | | Your other referee: | |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
| Postcode: |  | Postcode: |  |
| Tel Number: |  | Tel Number: |  |
| Position: |  | Position: |  |
| May contact be made prior to interview? | YES / NO | May contact be made prior to interview? | YES / NO |

|  |
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| **DRIVING LICENCE**  Please state whether you hold a current driving licence and give details of which groups this licence is valid for. Please also give details of any current penalty points and the reasons for these points. |
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| --- | --- |
| **DECLARATION**  I confirm that the information on this form is accurate in all respects to the best of my knowledge and belief | |
| Signed |  |
| Date |  |

**Data Protection:**

Privacy Policy – see full policy on [www.portland-port.co.uk](http://www.portland-port.co.uk)

You consent to us holding these details. We will keep these details for as long as you are employed at Portland Port or its successors in title. We will securely destroy this data when you leave. We will not share this data with any other persons without your consent unless legally obliged to. By signing this form, you agree to the above policy.

PLEASE RETURN THIS APPLICATION FORM EITHER BY E-MAIL to [recruitment@portland-port.co.uk](mailto:recruitment@portland-port.co.uk)  
OR POST TO: [to reach us before the closing date as posted in the advertisement]

Mrs L Green

Personnel Manager

Portland Harbour Authority Limited

Portland Port

Castletown

Portland

Dorset

DT5 1PP

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PORTLAND HARBOUR AUTHORITY LIMITED

EQUAL OPPORTUNITIES MONITORING FORM

*Candidates for vacancies will not be discriminated against on grounds of sex, marital status, race, or disability.*

*The information you provide on this form will help us monitor our equal opportunities policy and make sure it is working in practice.*

*This does not form any part of the selection process and it will be treated in the strictest confidence.*

Please tick (✓) as appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I am: | | | | |
| Male □ | Female □ | Non-Binary □ | Other □ | Prefer not to say □ |
| If you prefer to use your own term, please specify: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age: | | | | | |
| 16 – 24 □ | 25 – 29 □ | 30 – 34 □ | 35 – 39 □ | 40 – 44 □ | 45 – 49 □ |
| 50 – 54 □ | 55 – 59 □ | 60 – 64 □ | 65 + □ | Prefer not to say □ | |

|  |  |  |
| --- | --- | --- |
| My marital status is: | | |
| Single □ | Married □ | Divorced □ |
| Widowed □ | Living With Partner □ | |

|  |  |
| --- | --- |
| I am: | A Citizen of the UK □ |
| A Citizen of another EEA Country- Please State |

|  |  |  |
| --- | --- | --- |
| Which of the following best describes your Ethnic/Cultural/Racial Origin? | | |
| White – British □ | White – Irish □ | Black – Caribbean □ |
| Black – African □ | Black – Other □ | Indian □ |
| Pakistani □ | Bangladeshi □ | Chinese □ |
| Asian – Other □ | Other (Please Specify) □ | |

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| **Please read the following definition and indicate whether you consider yourself to have a disability:** | | |
| *“A physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.” (DDA 1995)* | | |
| I have a disability | Yes □ | No □ |
| Are you registered disabled? | Yes □ | No □ |
| If you have ticked ‘Yes’ to either of the above, please give brief details below: | | |
| The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your line manager or the manager running the recruitment process if you are a job applicant. | | |