



MID WALES HOUSING  
TAI CANOLBARTH CYMRU

## APPLICATION FOR EMPLOYMENT

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### Confidential

- NOTES:
1. All information given on this form will be treated in strict confidence.
  2. If there is insufficient space on the form, please continue on separate sheets and attach them before returning the form and additional information to the Association.
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Application for the post of \_\_\_\_\_

Surname: \_\_\_\_\_ First name (s): \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Office Tel No: \_\_\_\_\_  
(if convenient)

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
\_\_\_\_\_

Are you a car owner: YES/NO

If not, do you have regular access to a car? YES/NO

Do you hold a clean driving licence? YES/NO

Is your health good? YES/NO

Please give dates and details of any health issues or disability:

\_\_\_\_\_  
\_\_\_\_\_

If you do have a disability, please advise us of any special adjustments that you may require at interview.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offence? YES/NO  
(declaration subject to the Rehabilitation of Offenders Act 1974)





**6. Referees**

**Names and addresses of 2 referees. One of these preferably should be your present employer.**

**Please state clearly if you do not wish us to contact them prior to interview.**

**Name :** \_\_\_\_\_ **Name :** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**(if relevant)** **(if relevant)**

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Relationship to you** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_  
**(Employer, family friend, etc)** **(Employer, family friend, etc)**

Please indicate if you do not wish us to contact prior to interview?

Please indicate if you do not wish us to contact prior to interview?

**Paragraph 2 of Schedule 1 to the Housing Act 1996 prohibits Associations from employing close relatives of Board Members and only allows them to employ close relatives of members of staff under certain conditions. If, therefore you are related to a Board Member or a member of staff of this Association (or to someone who is no longer a Board Member or member of staff but who has been within the last 12 months), please state the name of the person and your relationship to him or her.**

**I confirm that the details given in this application are correct to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mid Wales Housing Association Ltd  
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