



BORDERS & COASTGUARD AGENCY
Gibraltar

Attach Photograph

STRICTLY CONFIDENTIAL APPLICATION FORM

This form **must** be completed by the applicant in full using **black ink** and clear legible writing. Any none applicable details will be entered as **N/A**

Original documents as proof of academic and other qualifications must be produced. These will be photocopied and returned immediately.

Applicants **must** produce their passport or Gibraltar Identity Card on application

Once completed, this application form must be handed in to The Human Resources Manager, **Borders and Coastguard Agency Headquarters, 11 Winston Churchill Avenue, Gibraltar** by the closing date for receipt of applications.

NOTES

1. In accordance with the requirements on EC Regulation (EU) 2015/1998 (EU Exit) Regulation 2019 persons being recruited to implement screening access control or other security controls at Gibraltar International Airport will have to successfully complete a background check
2. The background check shall (a) establish the person's identity on the basis of documentary evidence; (b) cover criminal records in all states of residence during at least the preceding 5 years; & (c) cover employment, education and any gaps exceeding 28 days during the preceding 5 years
3. Should you have any queries relating to your application either prior to or after the interview, you may write to the Human Resources Manager at the above address.

DO NOT WRITE BELOW THIS LINE

FOR OFFICIAL USE ONLY

DOCUMENT	SEEN	COPIED & RETURNED
Evidence of Nationality		
Qualifications		

ID CARD/PASSPORT No.

Personal Details

First Name(s): _____

Surname: _____

Previous Surname: _____

Address: _____

How long have you lived at this address? years months

Date of Birth: _____

Home Tel. No.: _____

Mobile Tel No.: _____

Email Address: _____

Please state all the address which you have resided in for the preceding five years. Use additional sheets if necessary

From (Date)	Address:
To (Date)	
From (Date)	Address:
To (Date)	
From (Date)	Address:
To (Date)	
From (Date)	Address:
To (Date)	
From (Date)	Address:
To (Date)	

Present Employment (if unemployed give details of last employer)

Name and Address of current employer:

Post Title:

Date of Appointment:

Department/Section:

Brief Description of job:

Reason for leaving:

Employment History

Please give, in order of date, details of your employment/education history for the last 5 years or from the age of 16 (**WITHOUT ANY GAP WHICH EXCEEDS 28 DAYS**), whichever is the shorter period, including self-employment or unemployment. Use additional sheets if necessary.

Dates (dd/mm/yy)		Name and Address of Employer (incude Tel no. & Email Address)	Position Held
From	To		

Reason For Leaving

Dates (dd/mm/yy)		Name and Address of Employer (incude Tel no. & Email Address)	Position Held
From	To		

Reason For Leaving

Dates (dd/mm/yy)		Name and Address of Employer (incude Tel no. & Email Address)	Position Held
From	To		
Reason For Leaving			

Dates (dd/mm/yy)		Name and Address of Employer (incude Tel no. & Email Address)	Position Held
From	To		
Reason For Leaving			

Dates (dd/mm/yy)		Name and Address of Employer (incude Tel no. & Email Address)	Position Held
From	To		
Reason For Leaving			

Voluntary/Unpaid Activities

Dates (dd/mm/yy)		Name & Address of Organisation	Position or brief description of role
From	To		
Dates (dd/mm/yy)		Name & Address of Organisation	Position or brief description of role
From	To		

Education, Qualifications & Membership of Professional Associations/Institutes

Please give details of your education and qualifications obtained. This includes any qualification which you are studying for now. You will be required to prove you have obtained these qualifications. If you are a member of a professional association/institute please provide details.

	Qualifications obtained (dates, grades, level achieved)
School	
College/University	
Professional Associations or Institutes	

Training and Development

Please give details of further training taken, i.e. Management Courses, IT Courses, First Aid certificates, etc. Please use additional sheets if required.

Training Provider	Date(s)	Subject(s)	Qualification(s)/Grade(s)

References

All candidates - Please provide details of two referees whom we may ask about your suitability for the post. One of these should be your most recent employer. Referees **must not** be related to you. If you are a school/college leaver, please give the name and address of a head teacher/tutor and also the manager of your most recent work experience placement (if applicable). The Human Resources Department and the Borders and Coastguard Agency reserves the right to approach your current and any previous employer.

Reference 1:

Full Name:

Address:

Tel. No.:

Email Address:

Capacity in which known to you:

If you are called for an interview, may we contact your referee?

Yes

No

Reference 2:

Full Name:

Address:

Tel. No.:

Email Address:

Capacity in which known to you:

If you are called for an interview, may we contact your referee?

Yes

No

Personal Statement

Please provide any information you consider relevant, including your reason for applying for the post and why you consider yourself to be suitable for the post. You should describe your knowledge, experience, skills and abilities gained from your paid and/or voluntary work, studies, etc. **Please use additional sheets if necessary.**

A large, empty rectangular box with a black border, intended for the applicant to write their personal statement. The box occupies most of the page below the instructions.

Criminal Convictions

Please give, in order of date, details of any criminal convictions unless they are considered spent under the provisions of the Rehabilitation of Offenders rules contained in Part 25 of the Criminal Procedures and Evidence Act 2011, or similar national legislation for applicants who have resided outside Gibraltar.

Date:	Conviction:
Date:	Conviction:
Date:	Conviction:

Having a criminal record will not necessarily bar you from taking up employment with the Borders & Coastguard Agency. This will depend on the nature of the position applied for and the circumstances and background of your offences. Any information given will be treated confidentially and only considered in relation to the post for which you are applying.

Failure to disclose any information requested in this Section may lead to the withdrawal of an offer of appointment or termination of employment if you have already been appointed.

Please note: This information will be confirmed with the relevant Authorities as part of the Security Background Check.

I hereby authorise the Borders and Coastguard Agency, or persons acting on their behalf to request from the Royal Gibraltar Police a copy of my Criminal Record.

If required, I will provide a certificate of good conduct from any State in which I have resided during the past 5 years

Signed: _____

Name: _____
(In block letters)

Date: _____

Equality of Opportunity

The Borders & Coastguard Agency is committed to a policy which ensures that all job applicants and employees receive equality of opportunity, therefore ensuring that all recruitment is solely on merit

No applicant or employee will receive less favourable treatment on the grounds of age, disability, race, religious belief, sex or sexual orientation, or will be disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Disability Discrimination

All information will be treated in confidence

Do you have a disability? Yes No

If yes, please state type of disability: _____

In relation to any disability do you have any particular requirements in order to attend an interview? Yes No

If yes, please give details: _____

Driving

Do you hold a driving licence? Yes No

If yes please tick which types

AM	<input type="checkbox"/>	A1	<input type="checkbox"/>
A2	<input type="checkbox"/>	A	<input type="checkbox"/>
B1	<input type="checkbox"/>	B	<input type="checkbox"/>
C1	<input type="checkbox"/>	C	<input type="checkbox"/>
D1	<input type="checkbox"/>	D	<input type="checkbox"/>
BE	<input type="checkbox"/>	C1E	<input type="checkbox"/>
CE	<input type="checkbox"/>	D1E	<input type="checkbox"/>
DE	<input type="checkbox"/>		

Driving Licence No: _____

Valid From: _____ To _____

Medical

I understand that if I am selected for employment for the post of which I am applying I will be required to undergo a medical examination and be declared fit for employment.

Statement To Be Signed By Applicant

I hereby give consent to the collection, storage and processing of my personal details in connection with my application and as outlined in this Application Form.

I hereby authorise the Borders and Coastguard Agency, or persons acting on their behalf to contact any of my former employer(s), educational establishment(s) or any Government Agency or personal referee for verification of any of the information submitted in this Application Form

I confirm that to the best of my knowledge, the information given in this Application Form is true and correct. I understand that giving false or misleading statements or withholding information may result in the withdrawal of an offer of employment, or my employment being terminated if I already have been appointed.

NAME (IN BLOCK LETTERS)

SIGNED

DATE

Privacy Notice

This Privacy Notice is issued in accordance with GDPR

We need to handle personal information about you so that we can provide better services for you. This is how we look after that information. When we ask you for personal information, we promise:

- To make sure you know why we need it
- To ask only for what we need and not to collect too much or irrelevant information
- To protect it and make sure nobody has access to it who shouldn't
- To let you know if we share it with other organisations
- To make sure we don't keep it longer than necessary

In return, we ask you to:

- Give us accurate information
- Tell us as soon as possible if there are any changes, such as a new address. This helps us to keep your information reliable and up to date

You can get more details on:

- How to find out what information we hold about you and how to ask us to correct any mistakes
- Agreements we have with other organisations for sharing information
- Circumstances where we can pass on your personal information without telling you, for example, to prevent and detect crime or to produce anonymised statistics
- Our instructions to staff on how to collect, use and delete your personal information
- How we check the information we hold is accurate and up to date
- How to make a complaint

For more information please contact the BCA's Data Protection Officer on:

dataprotection.officer@bca.gov.gi