Application for Employment

**Please complete and return to:** jan@hastingsvoluntaryaction.org.uk

|  |
| --- |
| Position Applied For: |

**Personal Details**

|  |  |  |
| --- | --- | --- |
| First Name: | | Family Name: |
| Address: | | |
| House Number |  | |
| Street |  | |
| Town |  | |
| Post Code |  | |
| Landline: | | Mobile: |
| Email: | | |

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| General Education | | | |
| Subject | Qualification | Grade | Year Obtained |
|  |  |  |  |
| Further Education | | | |
| Subject | Qualification | Grade | Year Obtained |
|  |  |  |  |
| Other Qualifications | | | |
| Details | | Qualifications | |
|  | |  | |

**Work Experience**

**Please include both paid employment and voluntary work experience.**

|  |  |
| --- | --- |
| Present/Most Recent Work Experience | |
| Company Name & Address:  Telephone: | |
| Position Held: | Date From: To: |
| Staff Category: Full Time □ Part Time □ Casual □ Voluntary □ Agency □ | |
| Duties and Responsibilities: | |
| Reason for Leaving: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous Work Experience | | | | |
| Company Name  & Address | Duties | Date From | Date To | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Additional Information Required |
| If there are any gaps in your work experience or education please state below what you were doing during these periods. |

**Reason for Application and Additional Information**

|  |
| --- |
| Please outline below how you meet the requirements for the advertised post. Please attach additional sheets if more space is required. |

Please use this space to give any information you would like to include in support of your application including details of your interests & activities.

|  |
| --- |
|  |

**General**

|  |
| --- |
| Do you have a current driving license? Yes □ No □  If you are not a UK citizen do you have a work permit? Yes □ No □  Expiry date of permit: |
| Are you related to, or do you live with any of our employees or Management Committee Members? Yes □ No □  If yes please give details: |
| THE REHABILITATION OF OFFENDERS ACT 1974 - All convictions, including "spent convictions", MUST be disclosed for the purpose of this application.  Have you ever been convicted of a criminal offence? Yes □ No □  If yes please give details: |
| Confirmation of appointment will be subject to the outcome of an enhanced level DBS check. |

**Health**

|  |
| --- |
| Do you know of any medical condition you have which may affect your ability to carry out the advertised post. Yes □ No □  If yes please give details: |
| How many days sickness absence have you had during the past 2 years? |

**References**

Please provide the names and contact details of two Referees. One should be your most recent employer.

|  |
| --- |
| First Referee Name: |
| Address:  Post Code: |
| Telephone: |
| Email: |
| In what way does this person know you? |

|  |
| --- |
| Second Referee Name: |
| Address:  Post Code: |
| Telephone: |
| Email: |
| In what way does this person know you? |

**Declaration**

|  |
| --- |
| The information I have given in this application is, to the best of my knowledge, accurate.  I understand that false or misleading information will affect my application or employment with ETC Sussex and could lead to summary dismissal.  Signature: Date: |

# The Closing Date for this Post is: