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: