

Application for Employment

PERSONAL DETAILS

Post Applied For:

Family Name:

First Name:

Mr Mrs Miss Ms

Address:

Telephone Home:

Telephone Mobile:

Email:

Post Code:

Work:

National Insurance No:

May we contact you at work: Yes No

PRESENT EMPLOYMENT

Employer's name:

Date commenced:

Address:

Job Title:

Brief Description of Duties & Responsibilities:

Post Code:

Present Grade/Salary?

Notice required or earliest date on which you could take up the appointment:

SECONDARY AND HIGHER EDUCATION

Dates: From / To	School/College/University etc:	Examinations Taken:	Grades:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application for Employment CONT'D

MEMBERSHIP OF PROFESSIONAL BODIES

Body:	Grade:	By Exam:	Date:	For Young Gloucestershire's Use
				S/List: Yes <input type="checkbox"/> No <input type="checkbox"/> Ack Date/List: <input type="text"/> Refs sent: <input type="text"/> Refs Rec'd: <input type="text"/> Int Date: <input type="text"/> Offered <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>

ATTENDANCE AT TRAINING COURSES RELEVANT TO YOUR EMPLOYMENT

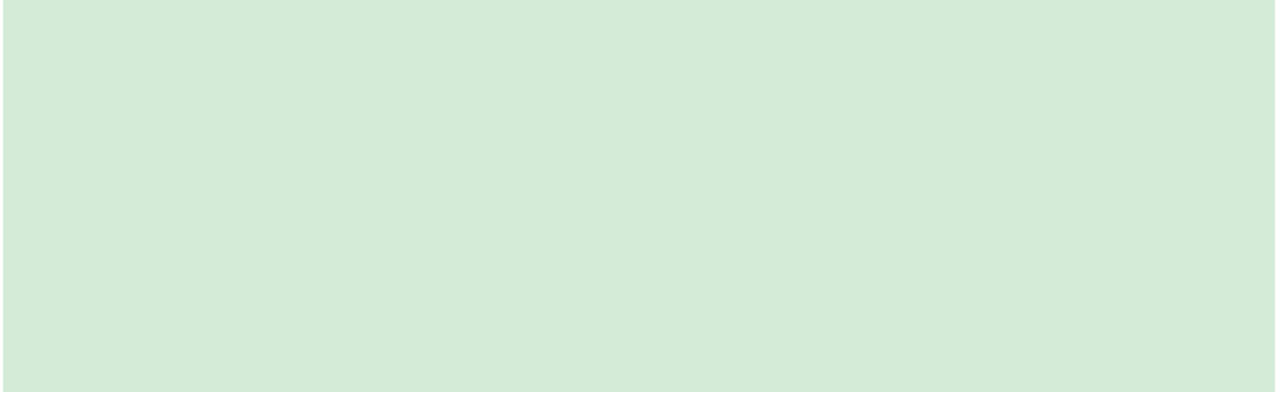
Organising Body:	Course Title:	Duration:	Date:

PREVIOUS EMPLOYMENT – STARTING WITH THE MOST RECENT

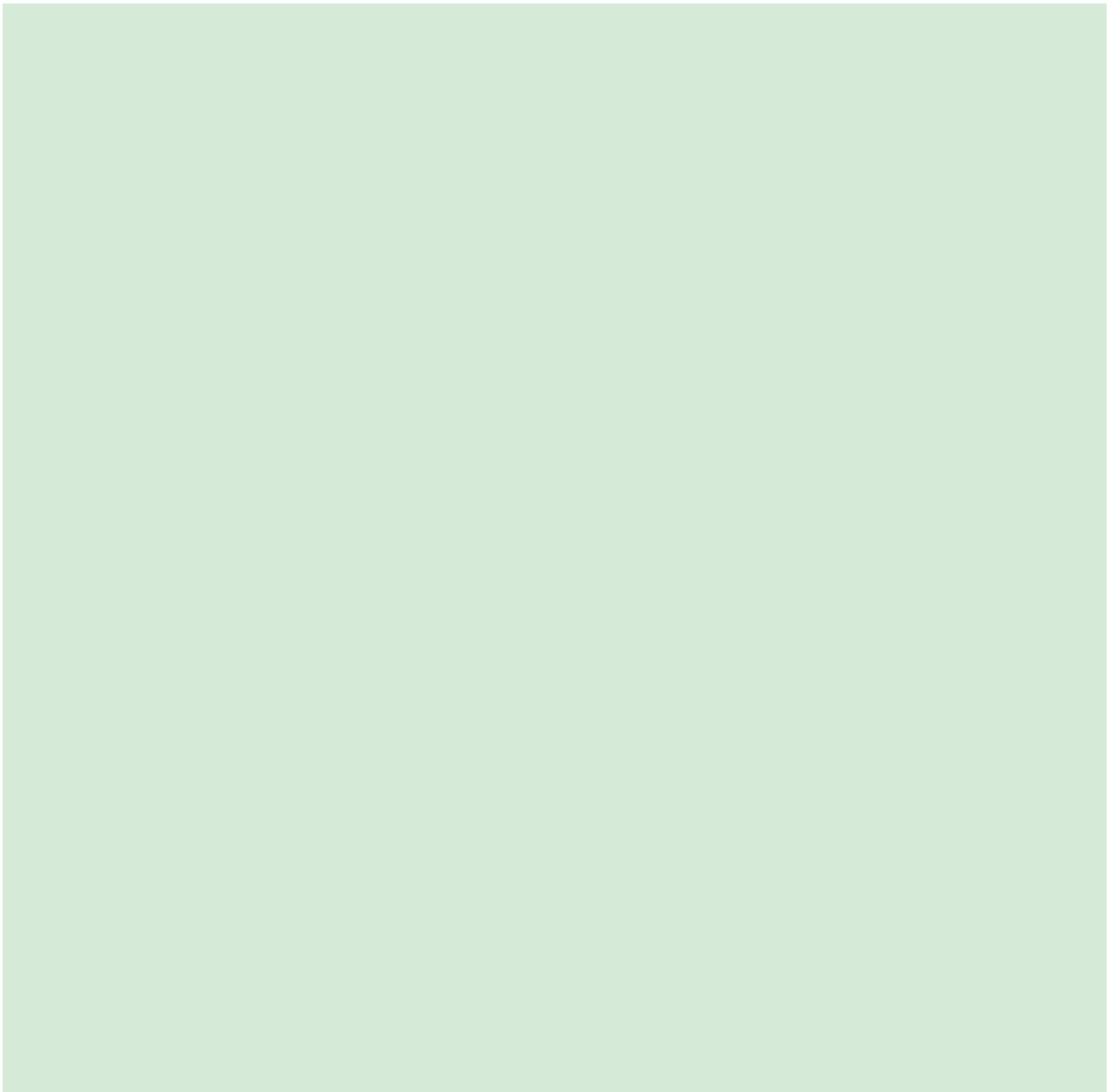
Employer's Name & Address:	Post Held:	From:	To:	Reason for leaving

Application for Employment CONT'D

OUTSIDE INTEREST, HOBBIES, MEMBERSHIP OF SOCIETIES ETC. PLEASE OUTLINE BRIEFLY



ADDITIONAL INFORMATION This space is provided for any additional information you consider relevant to your application.



Application for Employment CONT'D

MEDICAL HISTORY

Have you been absent from work through ill health or injury for more than 10 days in the last 12 months?

Yes No If yes, please give reasons:

SUPPLEMENTARY INFORMATION

Have you ever been convicted of a Criminal Offence other than Motoring Offences and spent Convictions?

Yes No If yes, please specify on a separate sheet and attach to this form

Young Gloucestershire is exempt from The Rehabilitation of Offenders Act 1974 and successful applicants will be required to undergo a CRB check before appointed.

Do you hold a Current Full Driving Licence?

Yes No

Do you have regular use of a vehicle?

Yes No

Please give any dates within the next two months when you will not be available for interview:

REFERENCES

Please give the names of two referees who have agreed to give references and who have knowledge of your work and character. One referee should be a senior person in your present organisation (or last organisation if not employed at present) or, in the case of applicants leaving full-time education, the Head of the School, College, University etc.

May we approach your referees without further reference to you? Yes No

Name:

Name:

Position:

Position:

Address:

Address:

Tel No:

Tel No:

In what capacity do you know the above?

In what capacity do you know the above?

The statements made by me in this application are true to the best of my knowledge and belief.

Signed:

Date:

THIS FORM SHOULD BE RETURNED TO:

Young Gloucestershire
 Greyfriars House, Greyfriars, Gloucester GL1 1TS
 admin@youngglos.org.uk