EMPLOYMENT APPLICATION FORM

**APPLICATION FOR THE POST OF:**

FIRST NAME

ADDRESS

SURNAME

ADDRESS

POSTCODE

NATIONAL INSURANCE NUMBER

EMAIL

PRESENT EMPLOYER NAME

TELEPHONE NUMBER

DURATION OF EMPLOYMENT

LENGTH OF NOTICE REQUIRED

POSTCODE

Please give details about any relevant education and training received in this country or abroad and qualifications obtained. For qualifications relating to this post, if undertaken more than 2 years ago, provide evidence of continuing professional development in the next section.

**EDUCATION AND TRAINING**

Give details of previous employment including a brief description of duties starting with the

most recent employment (use a separate sheet if necessary).

ESTABLISHMENT ATTENDED

COURSES ATTENDED

QUALIFICATION

GRADE

**PREVIOUS EMPLOYMENT**

REASON FOR LEAVING

DURATION AND DATES

BRIEF DESCRIPTION OF DUTIES

EMPLOYER DETAILS

**EXPERIENCE:**

Please give further details of previous experience and any other information which you consider relevant to the person specification and job description. If you are using any continuation sheets for this section, please ensure you attach them securely to the application form and state how many additional sheets have been included.

Number of attached sheets: Return by email or post

Signature:

Date:

EMAIL:

ADDRESS:

NAME:

DESIGNATION/POSITION:

DESIGNATION/POSITION:

ADDRESS:

I confirm that I have completed this application form and to the best of my knowledge the information I have provided is true and correct. I understand that if I obtain employment having made false or misleading statements that I will be liable to action that may result in my dismissal. I will advise Ashfield Voluntary Action immediately of any criminal convictions or prosecutions that occur between the date of signing this declaration and appointment.

**STATEMENT:**

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY? YES [ ]  NO [ ]

*Disability is defined as a physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day to day duties.*

**DISABILITY**

DO YOU HAVE ANY UNSPENT CRIMINAL CONVICTIONS? YES [ ]  NO [ ]

IF YES PLEASE GIVE DETAILS ON A SEPARATE SHEET

**DISCLOSURE & BARRING SERVICE:**

MAY WE CONTACT YOUR REFEREES PRIOR TO AN INTERVIEW YES [ ]  NO [ ]

EMAIL:

TELEPHONE:

TELEPHONE:

NAME:

**REFEREES**