

HEBRON HALL CHRISTIAN CENTRE

Hebron Hall Ltd, Cross Common Road, Dinas Powys, Vale of Glamorgan CF64 4YB

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

(Please type or write clearly using CAPITALS)

Application for the post of		
Department	Closing Date	Ref No

PERSONAL DETAILS

Surname	Forename(s)	Title
Address		
Postcode		
E-mail	Date of Birth	N.I. Number
Telephone - Work	Home	Mobile

Do you hold a current full driving licence? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you own a car? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you any current endorsements? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give details	

EDUCATION HISTORY

School/College	Qualifications gained (with dates)
Other Training (Examination Board)	Qualifications gained (with dates)

EMPLOYMENT HISTORY

1. Name and address of current or most recent employer	From	To
	Current Salary	
	Job title	
Notice required		
2. Name and address of previous employer	From	To
	Salary	
	Job title	
3. Name and address of previous employer	From	To
	Salary	
	Job title	
4. Name and address of previous employer	From	To
	Salary	
	Job title	
5. Name and address of previous employer	From	To
	Salary	
	Job title	

COMMUNITY OR OTHER VOLUNTARY EXPERIENCE

Please give brief details of community or other voluntary work, naming the relevant organisation and outlining responsibilities etc.

LEISURE

Please give details of leisure interests, sports, hobbies and other pastimes.

If offered the position will you continue to work in any other capacity? YES NO

If YES, please give details

REFERENCES

Please give the name, address and telephone number of two persons from whom we can obtain both character and work experience references. The first, wherever possible should be your current/or most recent employer/school/college. Please do not use personal friends or relatives as referees.

1. Name

Position

Address

Telephone No

Email

2. Name

Position

Address

Telephone No

Email

If you are shortlisted, we will contact your referees before the interview

Please indicate if we should contact your current employer

YES

NO

REHABILITATION OF OFFENDERS ACT 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of certain services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following question should include any "spent" convictions.

Have you ever been convicted of a criminal offence YES NO If YES please give details

GENERAL COMMENTS

Please detail below your specific reasons for this application, your main achievements to date and the strengths you would bring to this post (please continue on a separate sheet of paper if required).

GENERAL COMMENTS contd.

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of your intention and obtain your permission prior to contacting your doctor).

Signed:

Date:

FOR OFFICE USE ONLY

Interview Date and Notes:

Offer Letter: Y/N Date:

Rejection Letter: Y/N Date:

Acceptance: Y/N Date:

References sought: Y/N Date:

Medical: Y/N Date

Date Filed: