PLEASE RETURN THIS FORM TO: Dave Kitchen - HR Manager Bridge Community Church Rider Street LEEDS, LS9 7BQ



continue on a separate sheet if necessary

## **APPLICATION FOR EMPLOYMENT**

## **CONFIDENTIAL**

POSITION APPLIED FOR			HOW DID YOU FIND OUT ABOUT THIS POSITION?			SALARY EXPECTED			
							£	per	
PERSONAL DETAILS	<b>S</b>						•		
FORENAMES				SURNA	ME				
TOTALIVALIS				33.4.4	<u>-</u>				
						) NAME AND	NAME AND ADDRESS OF MENT OF KIND		
HOME ADDRESS			TELEPHONE NUMBER (INC. STD CODE)			:) NAME AND	NAME AND ADDRESS OF NEXT OF KIN		
			Home:- Mobile:-						
Postcode:-			Work:-			Dolotionohi	Deletionskin		
e-mail address:-			Tick box if you do not want be contacted at work			Tel No:-	Relationship:-		
						10110.			
NATIONAL INSURANCE	NO.	ı	DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK? If YES, give details						
			YES/NO						
			Type of Licence			Details	Details of Endorsements		
Do you have a current driving licence?	YES/NO								
Please give dates you would be unavailable for in						uld you also wish to continue in any othe ES, give details.			
				YES/NO					
REASON FOR APPLY	<b>YING</b>								
Please explain why your relevant strengths, expe								and detail any	

EDUCATION AND	QUALIFICATION	ONS					
DATES FROM/TO	SCHOOLS ATTENDED		QUALIFICATIONS GAINED (STATE SUBJECTS, LEVEL & GRADES)				
DATES FROM/TO	COLLEGES OR UNIVERSITIES	ATTENDED	QUALIFICATIONS GAINED (INCLUDE APPRENTICESHIPS)				
ADDITIONAL TRAININ	IG/QUALIFICATIO	NS. (INCLUDE ME	MBE	ERSHIP OF PROFESSIO	NAL BODIES/ SPE	ECIAL COURS	SES ETC)
DDESENT OF MOS	ET DECENT EN	ADI OVMENT					
JOB TITLE	OI RECEIVI EI	START DATE		DATE LEFT OF MOTION REQUIRED		WA 05/04/ 45V	
JOB IIILE		START DATE		DATE LEFT OR NOTICE REQUIRED		WAGE/SALARY	
NAME OF EMPLOYER	?	ADDRESS					
MAIN DUTIES AND RESPONSIBLITIES					REASON FOR LEAVING		
REFERENCES							
				bers of two people w nost recent employer.	ho are available	e to give wo	ork experience
		,					
Do you agree that w	e may contact yo	our current employ	er b	efore offering employm	nent?		

EMPLOYMENT HISTORY (Continue on a separate sheet if necessary)

EMPLOYMENT HISTORY (Continue on a separate sheet if necessary)						
DAT	TES	NAME AND ADDRESS OF	JOB TITLE AND	MAIN DUTIES AND RESPONSIBILITIES	REASON	
FROM	то	EMPLOYER	EARNINGS		FOR LEAVING	

<b>ADDITIONA</b>	L DETAILS				
Have you ever been employed by us before? If YES give job title, dates and reason for leaving.					
YES/NO					
Please give details of leisure interests including any language skills and positions of responsibility held.					
Have you ever been convicted of a criminal offence? If YES, please give details.					
YES/NO					

## **HEALTH DETAILS** Have you ever suffered from a serious illness or had a serious operation? If YES, give details. YES/NO Are you currently receiving medical treatment or taking any form of medication? If YES, give details. YES/NO Please give details of any lateness or time lost due to sickness or injury over the last 2 years. Doctor's Name **Practice Address** If YES, please give details and describe any reasonable adjustment you feel may be needed for either the recruitment process, or to the post applied for. Do you have any disabilities that YES/NO may affect your application? **DECLARATION** 1. I confirm that the information given on this form is true and complete to the best of my knowledge. I agree that any deliberately false or misleading information will be sufficient cause to, reject my application, withdraw any offer made or if employed to dismiss without notice. 2. I am fit to carry out the duties of the position applied for. 3. If I am successful the employer may process the information contained on this form in accordance with Data Protection Legislation. 4. If I am unsuccessful the employer may retain my details in accordance with Data Protection Legislation and may contact me should other vacancies arise that I may be more suitable for. 5. I agree to my employer releasing information where appropriate in circumstances where validation of the information given is required. 6. I grant the employer authority to contact my doctor for a report on my state of health. 7. I agree to undergo a medical examination arranged by the employer before or after commencement of employment. 8. I am eligible to live and work in the UK. Signed: Date: FOR OFFICE USE ONLY Reasons for rejection Interview comments (Give Date and Summary outcome)