Application for employment

Please answer all sections. Use N/A where not applicable and tick where appropriate.				
Position applied for:				
Surname: First names:				
Title: Mr Mrs Marital status: Single Married				
Miss Ms Divorced Widowed				
Maiden name or previous surname:				
Nationality:				
Address (inc. post code):				
Home tel. number: Mobile tel. number:				
Work tel. number & extension (discretion assured if we need to contact you):				
Email address:				
Do you have any relatives currently employed by us?				
If 'yes', please give details:				
Have you ever been convicted of a criminal offence that is not spent under the Rehabilitation of Offenders Act 1974? Yes No				
If 'yes', please give details (see note 5 in declaration section):				
Do you have any holidays booked during the next 12 months? Yes No				
If 'yes', please give dates:				
When would you be available to commence work? d d / m m / y y y y				

Education/training:

Names and addresses of	Dates		Examinations taken and
educational establishments attended:	From	То	results/qualifications achieved:
School:			
College/University:			
Other formal training:			
Details of professional membersh	nip and qualifications:		
Are you a qualified First Aider?	Yes No		
L		,	1
If 'yes', date First Aid certificate ex	pires: d d / m	m / y y y y	
If you are a member of a church p	please state which and	any positions of respon	sibility that you hold:
What are your spare time interest	rs?		
Do you hold a full British driving l	icence? Yes	No	
If 'yes' are you a car owner?	Yes	No	
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Please complete this section in full (starting with current/last employer):
1. Full name of employer:
Address of employer:
Position held:
Period employed: From d d / m m / y y y y to d d / m m / y y y y
Present salary/salary on leaving:
Duties/responsibilities
Reason for leaving
2. Full name of employer:
Address of employer:
Position held:
Period employed: From d d / m m / y y y y to d d / m m / y y y y
Present salary/salary on leaving:
Duties/responsibilities
Reason for leaving

Employment record:

3. Full name of employer:
Address of employer:
Position held:
Period employed: From d d / m m / y y y y to d d / m m / y y y y
Present salary/salary on leaving:
Duties/responsibilities
Reason for leaving
4. Full name of employer:
Address of employer:
Position held:
Period employed: From d d / m m / y y y y to d d / m m / y y y y
Present salary/salary on leaving:
Duties/responsibilities
Reason for leaving

5. Full name of employer:
Address of employer:
Position held:
Period employed: From d d / m m / y y y y to d d / m m / y y y
Present salary/salary on leaving:
Duties/responsibilities
Reason for leaving
6. Full name of employer:
Address of employer:
Position held:
Period employed: From d d / m m / y y y y to d d / m m / y y y y
Present salary/salary on leaving:
Duties/responsibilities
Reason for leaving

Supporting information
Please indicate reasons for your application and any information you feel relevant to your application, eg experience, vision.
experience, vision.

	ferees ne of these should be a church minister/leader, if possible.)
1.	Name:
	Address:
	Email address:
	Daytime telephone no:
2.	Name:
	Address:
	Email address:
	Daytime telephone no:
3.	Name:
	Address:
	Email address:
	Daytime telephone no:
De	claration by applicant: Please read this section carefully before signing.
 2. 3. 4. 5. 	I declare that the statements I have made on this application form are, to the best of my knowledge, true and complete. I understand that The Girls' Brigade reserves the right to withdraw any offer of employment, or to terminate any employment already commenced, if the information given by me is inaccurate or misleading in any way. I understand that my employment is subject to the receipt of satisfactory references if an offer of employment is made and accepted. I hereby give The Girls' Brigade permission to take up references with my previous employers and any other referees I may nominate. I agree that my normal hours of work may be extended according to the needs of The Girls' Brigade. I accept that my employment is subject to receipt of a satisfactory disclosure check from the Disclosure and Barring service
Sig	gnature: Date: d d / m m / y y y y
	Code: (for office use only)