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| **Job Application Form** |

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| Post Applied For |  |
| Date |  |

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| **Personal Details** |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name |  | First Name |  |
| Title |  |

|  |  |
| --- | --- |
| Address |  |
|  |  |
|  |  |
| Postcode |  |

|  |  |
| --- | --- |
| Home Telephone  |  |
| Mobile |  |
| Email Address |  |

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| **Employment History** |

**Please start with the most recent period of employment:**

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |  |  End Date |  |
| Name Of Employer |  |
| Address |  |
| Position Held |  |
| Reason For Leaving |  |
| Main Duties |  |

**Previous Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |  |  End Date |  |
| Name Of Employer |  |
| Address |  |
| Position Held |  |
| Reason For Leaving |  |
| Main Duties |  |

**Previous Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |  |  End Date |  |
| Name Of Employer |  |
| Address |  |
| Position Held |  |
| Reason For Leaving |  |
| Main Duties |  |

**Previous Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |  |  End Date |  |
| Name Of Employer |  |
| Address |  |
| Position Held |  |
| Reason For Leaving |  |
| Main Duties |  |

**Previous Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |  |  End Date |  |
| Name Of Employer |  |
| Address |  |
| Position Held |  |
| Reason For Leaving |  |
| Main Duties |  |

**Continue on a separate sheet if necessary to list all employment.**

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| **Education & Qualifications** |

Please give details of the school/college/university you attended and include all academic, technical and professional qualifications:

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| --- | --- | --- | --- |
| School | Subjects | Qualification & Grades | Date |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College/University | Course | Qualification & Grades | Date |
|  |  |  |  |

Please give details of any training and development courses or non-qualification courses which support your application including on-the-job training:

|  |  |
| --- | --- |
| Training Course Or Programme | Duration Of Course And Date |
|  |  |

Please give details of any professional bodies you are a member of:

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| --- | --- |
| Professional Body | Membership Type |
|  |  |

Please give details of any publications or other relevant work:

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| **Personal Statement** |

Please use this section to explain what abilities, skills, knowledge and experience you bring that is relevant to the job you are applying for:

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Please use this section to explain any Christian Ministry experience that would be relevant to the job you are applying for:

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| **Rehabilitation of Offenders Act (1974)** |

Do you have any criminal convictions that are unspent

under the Rehabilitation of Offenders Act 1974? Yes No

If yes, please give details / dates of offence(s) and sentence:

|  |
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| **Protecting Children & Vulnerable Adults** |

The following information may be required if the post you are applying for has a requirement for a DBS (Disclosure and Barring Service) police check.

Are you aware of any police enquiries undertaken

following allegations made against you which may

have a bearing on your suitability for this post? Yes No

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| **Right To Work In The UK** |

Are you free to remain and take up employment in

the UK with no current immigration restrictions? Yes No

You will be required to provide original documents as evidence prior to appointment.

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| **Driving Licence – if relevant to the post** |

Do you hold a full clean driving licence valid in the UK? Yes No

You will be required to provide original documents as evidence prior to appointment.

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| **Disability Discrimination** |

The Equality Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability? Yes No

Do you believe any adjustments need to be

made in order for you to carry out this role? Yes No

If yes to either of the above, please give details:

|  |
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|  |

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements

in order for you to attend the interview? Yes No

If yes, please give details:

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| **Health** |

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| --- | --- |
| Number of days sickness absence in the last 2 years? |  |
| Please state the number of occasions in the last 2 years? |  |

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| **References** |

Offers of employment are subject to two satisfactory references, one of which must be from your present or most recent employer. Please give the names and addresses of your two most recent employers. If you are unable to do this, please clearly outline who your references are:

|  |  |
| --- | --- |
|  Name |  |
|  Job Title |  |
|  Work Relationship |  |
|  Company |  |
|  Full Address |  |
|  Telephone |  |
|  Email |  |

|  |  |
| --- | --- |
|  Name |  |
|  Job Title |  |
|  Work relationship |  |
|  Company |  |
|  Full Address |  |
|  Telephone |  |
|  Email |  |

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| **Declaration** |

I hereby certify that:

* All the information given by me on this form is correct to the best of my knowledge.
* All questions relating to me have been accurately and fully answered.
* I possess all the qualifications which I claim to hold.

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| --- | --- |
| Please sign in the space below: | Date |
|  |  |

If you are returning this form by email, you will be asked to sign your application at interview. If this declaration is not signed your application will not be progressed.

Thank you.

Please return this form by hand, post or email to:

|  |  |
| --- | --- |
|  David Bolton |  |
|  Life Community Church | **Email:** info@life-cc.org |
|  Charlotte Street |  |
|  Leamington Spa | **Telephone:** **O:** (01926) 338 488 |
|  Warwickshire |  **M:** (0755) 44 33 123 |
|  CV31 3EB |  |