



Post – 180 Youth Worker
[6 hours per week]

Community Church Job Application Form

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.
Please note that the closing date for this job vacancy is 10/08/2018. To apply for this post please accompany this application form with your curriculum vitae and a cover letter.
We will require you to be available for interviews on week commencing 13/08/2018.

Section 1 - Personal details

Title:		Last Name:	
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First Names:	
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Address:	

Postcode:	
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Home Telephone Number:	
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Mobile Telephone Number:	
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E-mail address:	
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Are you eligible to work in the UK?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you hold a full UK driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, Do you have any points or convictions etc? :	
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Section 2 - Rehabilitation of Offenders Act

Have you ever been convicted of a criminal offence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have you any prosecutions pending?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details / dates of offence(s) and sentence:	
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Section 3 - Health

Number of days absent in the last 2 years:

Please state number of times in the last 2 years:

Section 4 - References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. (NB. References will only be taken if you commence employment with us)

Reference 1

Name:

Their Position
(job title):

Work
Relationship:

Organisation:

Dates
Employed:

From:

To:

Address:

Postcode

Telephone N^o:

E-mail:

Reference 2

Name:

Their Position (job
title):

Work Relationship:

Organisation:

Dates Employed:

From:

To:

Address:

Postcode

Telephone N^o:

E-mail:

Section 5 - Declaration

I confirm that the information provided in this application and within my Curriculum Vitae is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

Signed:		Date:	
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Community Church undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. After initial assessment, Community Church may keep your details on file pending suitable opportunities that may arise in the future. Please tick if you do not wish us to hold your details.

Section 6 - Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A. White

White UK

Irish

White non-UK

Any other White background
(please give details):

B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background
(please give details):

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background
(please give details):

D. Black or Black British

Black Caribbean

Black African

Any other Black background
(please give details):

E. Chinese or other ethnic group

Chinese

Vietnamese

Any other ethnic background
(please give details):

F. I do not wish to provide this information

Section 6 - Recruitment Monitoring Form continued

Gender

Male

Female

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled?

Yes

No

If yes, please give details:

Age Group

16-25

26-35

36-45

46-55

56-65

66-70

Over 70

Media

Please state where you saw this post advertised