

Application for Employment

PRIVATE AND CONFIDENTIAL

Return this form to

Debbie Joyce
Greater Manchester Community Chaplaincy
Central Buildings
Oldham Street
Manchester
M1 1JQ
manager@gmcconline.org

Ref. No

We actively encourage applicants to visit GMCC and are happy to talk informally about the role.

POSITION APPLIED FOR

Surname	Forename(s)	Title
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Address

Postcode

Telephone Number

NI Number	Current driving licence? Yes/No Groups Expiry Date	Details of endorsements
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Are there any restrictions on you taking up employment in the UK? Yes/No (please circle)

If yes, please provide details

EDUCATION HISTORY (Please complete in full or attach current CV)

Schools	Qualifications gained
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Colleges/Universities	Qualifications gained
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Other training

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary or attach CV)

NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	DATES	RATE OF PAY	REASON FOR LEAVING
	Notice required in current post			

REFERENCES

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references

1.	2.
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LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

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CRIMINAL RECORD

Please provide any information you feel may need to be considered in relation to your suitability for this post.

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GENERAL COMMENTS

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification). You may wish to continue on further sheets but should not exceed 3 sides of A4 font size 11 Arial.

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HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities

Yes/No (please circle)

Please specify any special arrangements for work associated with any impairment

Please specify any special arrangements you will need to attend an interview

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving

Please list all absences from work in the past 12 months and the reasons for such absences

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 our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed

Date