

APPLICATION FORM

IN CONFIDENCE



CROSSLINKS

Please complete this form in black ink or type.

Please note that only the information given in this application will be considered in determining whether or not you will be called for interview. Please specifically address the criteria detailed in the Person Specification.

Please attach your cv.

1. JOB DETAILS Post applied for : Location	
2. PERSONAL DETAILS Title Family Name First Names: (Underline the name by which you want to be known)	List below any other names by which you have been known
Address Post Code Email address (if you may be contacted by email):	Home Telephone Mobile Telephone Work Telephone May we contact you at work? Yes / No
Date of Birth	National Insurance No.
Do you need a Work Permit before you can be employed in this country? Yes / No If yes, please give details	

Do you have any disability which may affect your application or employment? Yes / No
If yes, please give details

We ask this question to enable us to consider any adjustments that we can make, either to the recruitment process itself or in employment, in order to assist you.

If appointed, how soon could you take up the post?

Have you had any previous contact, or do you have any current contact, with Crosslinks? Yes / No
If yes, please give details

Do you hold a current UK driving licence? Yes / No / Not required for this post

3. RELIGIOUS BELIEFS / AFFILIATION

There being a genuine occupational requirement that the holder of this post is a Christian please indicate that you fulfil that requirement and give an indication of current denominational affiliation?

Please give details of the local church you are currently attending?

If you are involved in Christian-related activities, please give details.

Adherence to the Crosslinks Basis of Faith is essential to this post.

Please indicate whether you are able to confirm this: YES/ NO/ UNSURE

Please delete as appropriate

4. EDUCATION, TRAINING AND DEVELOPMENT

Please list your academic and other relevant qualifications, and dates passed starting with the most recent.

Date (month-year) Qualifications

If the post requires specific qualifications you will be required to provide documentary evidence before employment.

Please describe other relevant learning opportunities e.g. training courses

Date (month-year) Learning opportunity

(continue on additional sheet if necessary)

5. PRESENT OR LAST EMPLOYER

Employer's name and address

Post held

Date commenced (and left, if appropriate)

Please give a brief description of your duties and responsibilities

6. PREVIOUS EMPLOYMENT AND EXPERIENCE

Please give details of previous paid employment. For each job give date of employment, employer, and duties undertaken, start with the most recent first.

Dates Leaving (month-year, from - to)	Employer	Duties undertaken	Reason for
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(continue on additional sheet if necessary)

Please give details of any relevant skills/experience gained outside employment (e.g. through voluntary service).

(continue on an additional sheet if necessary)

7. REFERENCES

Please give the name and address of two referees, one of whom should be your current or most recent employer, who can comment on your suitability for this post. If you were known by a different name, please also state this. **No reference will be sought without your consent**

Referee 1

Name

Position

Address

Post code

Telephone No.

In what capacity does this person know you?

Referee 2

Name

Position

Address

Post code

Telephone No.

In what capacity does this person know you?

8. SUPPORTING INFORMATION

Please detail how you meet the person specification for this post, illustrating with examples from work, voluntary or life experiences, and stating why you are applying for this job.

8. SUPPORTING INFORMATION (cont)

(continue on additional sheet if necessary)

9. DECLARATION

I declare that the information I have given on this form is correct and complete. False or misleading statements may be sufficient grounds for cancelling any agreements made, or for disciplinary action to be commenced.

Signed _____

Date
