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| general caplogoEMPLOYMENT APPLICATION FORMCAPERNWRAY MISSIONARY FELLOWSHIP OF TORCHBEARERS |
| **POSITION APPLIED FOR:** |  |
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| **The following information will be treated in the strictest confidence.** |
| **PERSONAL** |
| Please complete this section in BLOCK CAPITALS  |
| Surname: |  | First Name(s): |  |
| Maiden/Former names |  |
| Address: |  |
|  |
|  |
|  | Postcode: |  |
| Tel:  | E-mail: |  |
|  |
| How long have you lived at this address? (If less than 5 years please give previous address(es) with dates | \_\_\_\_\_\_\_\_\_\_\_\_\_\_Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Months |
| Previous address: |
|  |
|  |
|  |  |
| Full Driving Licence: | YES/NO | Endorsements: | \*YES/NO |
| \* If YES, please give further details including dates. |  |
|  |  |  |
| Are you involved in any activity which might limit your availability to work or your working hours e.g. local government? | YES/NO |
| If YES, please give full details. |  |
| Are you subject to any restrictions or covenants which might restrict your working activities? | YES/NO |
| If YES, please give full details |  |
| You may be required, if offered employment, as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment? | YES/NO |
| Have you ever worked for this Company before? | YES/NO |
| If YES, please give full details |  |
| Have you applied for employment with this Company before? | YES/NO |
| Do you need a work permit to take up employment in the UK? YES/NO |
| How much notice are you required to give to your current employer? |  |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Schools attended since age 11 | From | To | Examinations and Results |
|  |  |  |  |
| College or University | From | To | Courses and Results |
|  |  |  |  |
| Further Formal Training | From | To | Diploma/Qualification |
|  |  |  |  |
| Job related Training CoursesName of Organisation | Date | Subject |
|  |  |  |

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| Please give details of membership of any technical or professional associations: |
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| Please list any foreign languages spoken and the level of competence: |
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**EMPLOYMENT DETAILS**

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

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| --- | --- | --- | --- |
| Name and address of employer | Dates | Position held/Main duties | Reason for leaving |
|  |  |  |  |

**PRESENT OR LAST EMPLOYER**

Are you currently employed? YES/NO

|  |  |
| --- | --- |
| Name of present or last employer: |  |
|  |  |
| Address: |  |
|  |
|  |
| Telephone No: |  |
|  |  |
| Nature of business: |  |
|  |  |
| Job title and a brief description of your duties: |  |
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|  |
| Length of Service: | From: | To: |

**CHRISTIAN EXPERIENCE**

Give details of your own Christian experience and any involvement you may have had with any Christian organisation, apart from your church.

Which local church do you attend?

Please describe your involvement and any responsibilities at your local church.

Please detail what you believe you would bring to this position, and how you would contribute to the ministry of Capernwray Hall.

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| **INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES** (e.g. hobbies, sports, club memberships) |
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| **SUPPLEMENTARY INFORMATION** Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths. |
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| **DECLARATION** |
| Have you been charged with, or convicted of any criminal offence (excluding minor traffic offences), or have cases pending? YES/NO*If ‘YES’ we will send you a declaration form to be completed and returned in a separate envelope marked ‘CONFIDENTIAL’ for the attention of our Child Protection Policy Co-ordinator.**N.B. Due to the Residential nature or Capernwray Hall all staffing positions involve interaction with children and young people. This means that the provisions of the Rehabilitation of Offenders Act 1974 do not apply. Consequently you are not entitled to withhold information on a criminal conviction on the grounds that it is ‘spent’ or forgotten under the provision of the above Act.* |
| Have you ever had an offer to work with children/young people declined? YES/NO |
| If yes, please give details. |
| Have you ever been involved in court proceedings concerning a child for whom YES/NOyou have parental responsibility? |
| If yes, please give details. |
| To your knowledge, have you ever had any allegation made against you, YES/NOwhich has been reported to, and investigated by, Social Services and/or the Police? |
| If yes, please give details. |

As this post involves unsupervised contact with children or vulnerable adults, all applicants who are offered a position will be required to apply for an DBS check. As the position is exempted under the Rehabilitation of Offenders Act this check will reveal any details of cautions, reprimands or final warnings, as well as formal convictions. This process is subject to a strict code to ensure confidentiality, fair practice and security of any information disclosed. The DBS Code of Practice and our own procedures are available on request for you to read. It is stressed that a criminal record will not necessarily be a bar to appointment, only if the nature of any matters revealed could be considered to place children or vulnerable adults at risk.

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

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| Signature: | Date: |

**REFERENCES**

Please give the names and addresses of two people we could approach for references. One of these should be your present or most recent employer and one from your pastor, elder or other leader in your church.

Can we approach your current employer before an offer of employment is made? YES/NO

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Address: | Address: |
|  |  |
|  |  |
| Tel. No: | Tel. No: |

**SOURCE OF APPLICATION**

How did you hear of this vacancy?

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