ST JOHN'S CENTRE Old Trafford

APPLICATION FOR EMPLOYMENT

This form should be typed or hand written in dark ink for photocopying purposes. You may also reproduce this form on a computer or word processor but must ensure it is reproduced accurately and the wording is correct. It is not sufficient to write "Please see CV", <u>CV's will not be considered</u>.

| Application for the appointment of: Please note, the closing date for return | time) | Development Worker (Part |
|---|--------------------|----------------------------------|
| application is: | | ^a August 2020 12 noon |
| Surname Oth | er names (in full) | Title (Mr, Ms, Miss etc) |
| | | |

| Address: | If you have a disability and may need |
|-----------|---|
| | extra arrangements to be made for your |
| | attendance at interview please indicate |
| | here: YES/ NO |
| Postcode: | |

Telephone: Day

Evening

| Education and Training | | | | |
|------------------------|------|----|-------------|--|
| Qualification / Award | From | То | Institution | |
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| Present Employment | | |
|---------------------------------------|-------------------------------|--|
| Position held: | | |
| Name and Address of present employer: | Date appointed | |
| | | |
| | Notice required to terminate: | |
| | | |
| | | |

CONFIDENTIAL

| Work experience Please detail previous work experience, include all paid and unpaid employment, placements, voluntary work and caring responsibilities. Please account for any gaps in experience. (Most recent first) | | | | |
|---|-------------------------|-----------------------------|--|--|
| Dates | Organisation / Employer | Position & Responsibilities | | |
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Information in support of your application.

Please refer to the **Person Specification** included in the Job Pack before completing this section and give as full an answer as possible.

Please note it is not sufficient to write "Please see CV", <u>CV's will not be considered</u>.

Please continue on additional sheets if necessary.

| Referees | | |
|---|--|--|
| Please supply the names, address email and telephone numbers of two people willing to act | | |
| as referees. Please note, these should not be people under 18 or members of your family. | | |
| Where appropriate one should be your present or most recent employer. Please mark "X" in | | |
| the left hand column against any referee whom you do not wish to be approached at this | | |
| stage. We reserve the right to take up all references at the stage when a candidate is | | |
| invited for interview. | | |
| 1 st Referee | | |
| | | |
| | | |
| | | |
| 2 nd Referee | | |
| | | |
| | | |
| | | |

Where did you see this post advertised?

Canvassing will disqualify. Candidates must disclose in this space whether or not they are related to any member of the Centre Board or staff YES / NO

Date:

Signed:

Please return completed forms to: Christine Aspinall, Centre Manager, St John's Centre, St John's Road, Old Trafford, Manchester, M16 7GX Tel: 0161 872 7795 e-mail:christine.aspinall@stjohnscentre.org

> St John's Centre, St John's Road, Old Trafford, Manchester M16 7GX TEL 0161 872 7795 Email: info@stjohnscentre.org Website: www.stjohnscentre.org



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