



## JOB APPLICATION FORM

Please complete this form in black ink.

### A. The post

Post applied for	
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### B. Personal details

Title	
First Name(s)	
Surname	
Address	
Daytime phone	
Evening phone	
Mobile	
Email	

### C. Education & qualifications

Qualifications achieved

Secondary Schools, Colleges and Universities	From	To	Brief details of courses	Grade



Study currently being undertaken

Secondary Schools, Colleges and Universities	From	To	Brief details of courses	Grade

Professional or other qualifications, apprenticeships, memberships of professional organisations


Other training that you have received which you consider relevant


**D. Employment**

Do you need a work permit to work in the UK? YES / NO			
National Insurance Number			
Current / most recent employer			
Address of employer			
Post held			
Start date		End date	
Basic salary			
Notice period			
Brief description of duties			



Other employment / career history starting with the most recent. Please give full employment history, accounting for any gaps – continue on a separate sheet if necessary.

From	To	Employer name & address	Post	Reason for leaving

**E. Experience / relevant skills**

Having read the job description and person specification, please state how your experience and achievements to date would make you a suitable candidate for this post - continue on a separate sheet if necessary.

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## F. References

Please give the names and addresses of two people who can verify or confirm your employment record. One should be your immediate line manager in your current employment and if this is not the case please give details of relationship.

### Referee 1

Name	
Position	
Address	
Daytime phone no.	
Email	

### Referee 2

Name	
Position	
Address	
Daytime phone no.	
Email	

Verification is normally sought, after interview.  
Please indicate whether your referees can be approached before the interview.

Yes

No



### G. Rehabilitation of offenders act

This post is exempt from the provision of the Rehabilitation Act 1974 and if successful you will undergo an enhanced DBS check.

Have you ever been convicted of any criminal offence?      Yes         No  

If YES, please give details of the conviction(s) and date(s) below

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### H. Data protection statement

We will use the information provided by you on this form, by the referees you have noted, and the educational institutions with whom we may undertake to verify your qualifications with, for recruitment purposes only. Holy Trinity Claygate will treat all personal information with the utmost confidentiality and in line with current data protection legislation.

Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.

### I. Declaration

Any of the above particulars may be subject to check. I understand that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or the withdrawal of any offer of employment.

I declare that the information given on this form is to the best of my knowledge correct and complete and can be treated as part of any subsequent contract of employment.

I understand that Holy Trinity Claygate may process, by means of a computer database or otherwise, any information which I provide, for the purpose of employment at Holy Trinity Claygate.

Signature

Date

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Please return this application form in an A4 envelope marked 'CONFIDENTIAL' to  
Brian Howells  
Operations Manager  
Holy Trinity Church Office  
Church Road  
Claygate  
KT10 0JP



### EQUAL OPPORTUNITIES

Holy Trinity Claygate is committed to Equal Opportunities in Employment. As part of this policy, all applicants are requested to complete this section for the purposes of monitoring the policy. The information you provide will not be used in deciding whether or not to invite you to interview or offer you employment. As an Equal Opportunities Employer, we aim to ensure that no job applicant or employee receives less favourable treatment on the grounds of disability, age, sex, race, colour, marital status, religion, ethnic origin, nationality or sexual orientation. Please help us to achieve our aim by completing the following:

Position applied for			
First names			
Surname			
Date of Birth		Gender	Male / Female

If you are invited to attend for interview or to take up employment and require special arrangements, please give the details below

Do you consider yourself to have a disability?      Yes       No

Are you registered disabled?      Yes       No

I would describe my race or ethnic origin as

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black British	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other	<input type="checkbox"/>

How did you hear about this vacancy?

I consent to HTC holding the data in this Equal Opportunities section of the form

Signature
Date

Disability or health problems do not preclude full consideration for the job and applications from disabled persons are welcome