

## Job Application Form Employment Details

### 1. PERSONAL DETAILS *(please print in BLOCK CAPITALS)*

Title - circle	Mr, Mrs, Miss, Ms	Surname:		First names:	
Address:				Tel No (home):	
				Tel No (business):	
				Tel No (mobile):	
E-Mail address:			Nat. Insurance No:		
Nationality:		If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit.			
Do you need a work permit to be employed in the UK?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If you already have a work permit, when does it expire? (Please note that your current work permit may not be valid for this post.)		
What foreign languages do you speak?					

Do want to work (tick the box) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	If part-time, please put the part-time days/hours you are available to work:
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### 2. CURRENT JOB *(please print in BLOCK CAPITALS)*

Job Title		Pay per week/month	
Name of Employer:		Business of Employer:	
Address:		Date started:	
		Date Ended (if applicable):	
Town	Post Code		
Please tell what you do in your job:			
Reason for leaving or wishing to leave:			
Period of notice required to leave your job:			

### 3. PREVIOUS JOBS (please print in BLOCK CAPITALS)

Name and Address of Employer	Job	Reason for leaving	Dates of employment

Name and Address of Employer	Job	Reason for leaving	Dates of employment

### 4. EDUCATION AND PROFESSIONAL QUALIFICATIONS

Secondary School / College / University	Dates		Examinations taken	Date	Result
	From	To			

### 5. OTHER INFORMATION

Depending on the work you do you may be required to obtain a check from the Disclosure and Barring Service. Do you have any objection to a check being made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you are supportive of the Christian values and faith of the Congregational church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Equality Act 2010

Do you consider yourself to be disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide further details:		

### 6. DECLARATION

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. I agree to the information given being stored either on paper records or a electronically under the **General Data Protection Regulations 2018**. I understand that it will be processed solely in connection with my application for employment. When I leave, I agree that only information about my dates of employment and my job title will be supplied to other employers if requested by them. If I am offered a job, the earliest date I could start is:

Signature:		Date:	
Name:			