DEBS OUT OF SCHOOL CLUBS

|  |  |
| --- | --- |
| Position Applied For |  |
|  |
| Surname |  |
| First Name |  |
| D.O.B |  | Sex  |  |
| Marital Status |  |
|  |
| Address  |  |
|  |  |
| Tel no |  | Mobile |  |
|  |
| Where did you hear about this position? |  |
| Are you required to hold a work permit? |  |
| If yes, please give details |  |
| Have you had any convictions? |  |
| If yes, please give details |  |
| Do you hold a current full driving licence? |  |
| Do you have your own transport? |  |
|  |
| Do you hold a current first aid certificate? |  |
| Do you hold a current food hygiene certificate? |  |
|  |
| Are you registered disabled? |  |
| Do you have a current DBS certificate? |  |

EDUCATION / TRAINING COURSES ATTENDED

Only state education or training for the past five years unless it is relevant to the position that you are applying for (e.g.N.N.E.B)

|  |  |  |
| --- | --- | --- |
| **SCHOOL / COLLEGE**Include part time & adult education courses | **QUALIFICATIONS** | **DATES** |
|  |  |  |

PREVIOUS EMPLOYMENT

Please include voluntary work and time spent on child care.

Please list all employment (whether paid or voluntary) from the time of leaving school.

DO NOT LEAVE ANY GAPS IN PERIODS OF TIME

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYER / PLACE OF WORK**Please state name and address of employer | **POSITION HELD** | **DATES** | **REASONS FOR LEAVING** |
|  |  |  |  |

SUPPORTING INFORMATION

Please give details of any information that you feel is relevant to the job or any information you think may assist in deciding your suitability for the position. Continue on a separate sheet if you wish.

OUTSIDE INTERESTS / HOBBIES

**REFEREES**

Please give the names of two people who would be willing to give you a reference. If presently employed, please include your present employer, or most recent employer. Referees should not be a relative.

NAME : ………………………………..............................................................................

ADDRESS : ……………………………….........................................................................

……………………………….....................TEL NO : ……………………………….......................

NAME : ………………………………..............................................................................

ADDRESS : ……………………………….........................................................................

………………………………....................TEL NO : ………………………………........................

I declare that the information that has been given on this form is correct to the best of my knowledge.

**SIGNED DATE**