

**Employment Application Form**

Please complete in block capitals. Any continuation sheets should be marked with your name and the position applied for.

Position applied for: Finance Administrator

|  |  |
| --- | --- |
| **PERSONAL INFORMATION** | |
| Title | Dr/Mr/Mrs/Miss/Ms/Other\* |
| Surname |  |
| Forenames |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Mobile number |  |
| Email address |  |
| Current driving licence† | Yes/No\* |
| Access to own vehicle? | Yes/No\* |

|  |  |
| --- | --- |
| **EDUCATION** | |
| Schools | Qualifications gained |
|  |  |
| College/University/Other Professional Quals | Qualifications gained |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT HISTORY** (please list in chronological order with the most recent first) | | | |
| Dates | Name and address of employer | Start/finish salary | Reason for leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Notice required in current post: | | | |

\*Please delete as appropriate.

†You should only include this if driving is a requirement of the job.

|  |
| --- |
| **GENERAL COMMENTS** |
| Please list here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post. Continue on a separate sheet, if necessary. |
|  |

|  |
| --- |
| **CRIMINAL RECORD** |
| Please note any criminal convictions, except those spent under the *Rehabilitation of Offenders Act 1974*. If none, please state. |
|  |

|  |  |
| --- | --- |
| **CONFLICT OF INTEREST** | |
| Please declare any family/personal relationship with members of staff currently working within the company/ department where you are applying for employment. | |
| Name | Name |
| Department | Department |
| Relationship | Relationship |

This information will be held in the strictest confidence and will only be used to identify potential conflicts of interest. To ensure fairness, transparency and impartiality, it may be necessary to exclude applications where it is felt a significant conflict of interest could potentially have an adverse effect on the company/department.

|  |  |
| --- | --- |
| **ENTITLEMENT TO WORK IN THE UK** | |
| If you are not an EU national, do you have permission to work in the UK? | Yes/No\* |
| If yes, you will need to produce evidence of your entitlement to work in the UK before taking up your post if your application is successful. | |

|  |  |
| --- | --- |
| **REFERENCES** | |
| Please supply the names and addresses of two persons – one of whom should be your present/last employer – from whom we may obtain both character and work experience references. | |
|  |  |

**General Data Protection Regulations**

I am happy for Hastings & Bexhill Mencap to retain my personal information for up to six months for the purposes of recruitment. Please see our Privacy Notice attached.

Signed: ……………………………….………… Date ………………………………………….

Declaration

* I confirm that the above information is complete and correct, and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
* I hereby give my authority for the company to contact my own doctor to obtain any further information on my state of health.
* I agree that the company reserves the right to require me to undergo a medical examination in the event of my appointment.
* I hereby give my consent to the company processing the data supplied on this application for the purpose of recruitment and selection.

Signed: ............................................................ Date: ...........................................

Please return the completed form to:

Society Administrator; Lianne Buttrey

hello@hastings-bexhill-mencap.org

[www.hastings-bexhill-mencap.org](http://www.hastings-bexhill-mencap.org)

Telephone 01424 424813

lianne@hastings-bexhill-mencap.org