



Charity No 283931

Phab
Summit House
Wandle Road
Croydon
CR0 1 DF

Confidential Application for Employment

1. **Position applied for: Charity Development Officer – West Midlands (14 hrs per week)**

2. **Personal details:**

Title: (Mr, Mrs, Miss, Ms) _____

Forenames: _____ Surname: _____

Address: _____

_____ Post code: _____

Telephone: Day _____ Other/mobile _____

Email: _____

3. **Do you own a car? YES / NO**

Hold a valid driving licence? YES / NO

Have any current endorsements? YES / NO If YES please give details and dates:

4. Secondary Education			
School/s attended	Dates		Examinations (subjects / results)
	From	To	

5. Further Education			
Place of Education	Dates		Qualifications
	From	To	

6. **Previous employment** (please include details of your most recent employment here, and include details of other employments, working backwards from the most recent)

Present / previous employer: _____

Address: _____ Starting date: _____

_____ Leaving date: _____

Finishing pay £ _____ per _____ Job title: _____

Duties / responsibilities: _____

If previous employer, reason for leaving: _____

Previous employer: _____

Address: _____ Starting date: _____

_____ Leaving date: _____

Job title: _____

Duties / responsibilities: _____

Reason for leaving: _____

Previous employer: _____
Address: _____ Starting date: _____
_____ Leaving date: _____
Job title: _____
Duties / responsibilities: _____

Reason for leaving: _____

Previous employer: _____ Type of business: _____
Address: _____ Starting date: _____
_____ Leaving date: _____
Job title: _____
Duties / responsibilities: _____

Reason for leaving: _____

7. **Interests / hobbies:** (Give details of pastimes, sports, etc)

8. **Have you ever been convicted of a criminal offence?** (Declaration subject to the Rehabilitation of Offenders Act): YES / NO
If YES please give details: _____

9. **Do you need a work permit to work in the UK?** YES / NO

10. **If offered the position do you intend to work in any other capacity?** YES / NO
If YES give details: _____

11. **Are you in good health?** YES / NO
If NO give details: _____
Are there any disabilities which may affect your application? YES / NO
If YES give details: _____

12. Please state why you feel you will be suitable for this position giving details of relevant experience. (Attach a separate sheet of paper if necessary).

13. **Two Referees** preferably your last two employers

Name: _____ Name: _____

Company Name: _____ Company Name: _____

Address: _____ Address: _____

Position: _____ Position: _____

Telephone No: _____ Telephone No: _____

14. **Recruitment policy**

Phab aims to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, religion, ethnic or national origins, age, sex, marital status or disability.

I authorise Phab to obtain references to support this application once an offer has been made and release the Charity and referees from any liability caused by giving and receiving information.

Declaration: I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

By signing and returning this application form, you give consent to Phab using and keeping information about you provided by you or by third parties, such as referees, relating to your application or future employment.

Signature: _____ Date: _____