GREATER VILLAGE REGENERATION TRUST

APPLICATION FOR EMPLOYMENT FORM

Ref.:

Position applied for: **Community Safety Officer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Details** | | | | |
| Surname: (Mr/Mrs/Miss/Ms) |  | First Names: |  | |
| Home Address: |  | Date of Birth: (DD/MM/YY) |  | |
| Telephone:  Home:  Work:  Mobile: |  | |
| State of  health: |  | |
| Please state the number of days lost due to illness in the last 3 years. | |  |
| Do you have access to a suitable means of transport to enable you to meet the requirements of this position | | | | YES/NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education and Training (Continue on separate sheet, if necessary)** | | | | | |
| Secondary School and/or College/University | From | To | Level of Examination | Subject | Grade |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Training (Continue on separate sheet, if necessary)** | | | |
| Course Content | Dates | Training Establishment | Qualification |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employment (please give details of all positions held in your previous employment, starting with your present employer)** | | | | | | | | |
| Dates | | | Name and address of employer and nature of business | | | Job title and immediate reporting line | Final remuneration package (with details) | |
| From: (MM/YY) | | To: (MM/YY) |
|  | |  |  | | |  |  | |
| Nature of duties and responsibilities in brief including reason for leaving: | | | | | | | | |
| Dates | | | | Name and address of employer and nature of business | | Job title and immediate reporting line | Final remuneration package (with details) | |
| From: (MM/YY) | | To: (MM/YY) | |
|  | |  | |  | |  |  | |
| Nature of duties and responsibilities in brief including reason for leaving: | | | | | | | | |
| Dates | | | | Name and address of employer and nature of business | | Job title and immediate reporting line | Final remuneration package (with details) | |
| From: (MM/YY) | | To: (MM/YY) | |
|  | |  | |  | |  |  | |
| Nature of duties and responsibilities in brief including reason for leaving: | | | | | | | | |
| **Employment (Continued):** | | | | | | | | |
| Dates | | | | Name and address of employer and nature of business | Job title and immediate reporting line | | | Final remuneration package (with details) |
| From: (MM/YY) | From: (MM/YY) | | |
|  | | | |  |  | | |  |
| Nature of duties and responsibilities in brief including reason for leaving: | | | | | | | | |
| Dates | | | | Name and address of employer and nature of business | Job title and immediate reporting line | | | Final remuneration package (with details) |
| From: (MM/YY) | From: (MM/YY) | | |
|  | | | |  |  | | |  |
| Nature of duties and responsibilities in brief including reason for leaving: | | | | | | | | |

|  |
| --- |
| **General** |
| Salary Expectation: |
| Period of notice required: |
|  |
| **Interests outside work** |
|  |

|  |
| --- |
| **Experience** |
| Please summarise the important aspects of your experience and achievements to date and say how this particularly suits you for this appointment. (Please use separate page if necessary) |

|  |  |  |
| --- | --- | --- |
| **Professional Qualifications** | | |
| Membership of professional organisations | Date admitted | Institution or institute and grade of membership |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **References: (May we approach any or all of your referees now? Yes/No)** | | | |
|  | Current or most recent employer | Penultimate employer | Personal |
| Name  Position  Address and telephone no. |  |  |  |

|  |
| --- |
| **Declaration:**  I certify that the information in this application is true. I understand that this information may be verified as part of my application and that any resulting contract of employment may be withdrawn on the grounds of its inaccuracy.  Signature: Date:  *Forms not completed fully may be rejected.* |