Job application form



Post: Office and Distribution Administrator

PERSONAL DETAILS:			
First name:			
Surname/Family name:			
Address:			
Daytime phone number:			
Evening phone number:			
Email address:			
NI number:			
REFERENCES			
Please give details of two people who will act as your referees. Referee (1) should be your present or most recent employer. Please state whether Referee (2) is in a personal or employment capacity.			
Referee (1) (present or most recent employer)	Referee (2) *employment/*personal capacity (*delete)		
Name:	Name:		
Address:	Address:		
Phone no.	Phone no.		

EDUCATION Please give details of any formal qualifications you have gained, giving the most recent first.						
School/College	Qualifications	Grade/Level	Date			
20112011 2011290	- Cadamioations	0.000,2010.				
OTHER TRAINING	LIDOFO					
OTHER TRAINING/CO		a vou hove ettended six	ing the most			
Please give details of any recent first.	elevant training of courses	s you have alterided, giv	ing the most			
Toochi mot.						

DETAILS OF CURRENT/MOST RECENT EMPLOYMENT				
Job title: Employer's name:				
Date appointed: Date of leaving: Reason for leaving: Post code:				
Brief summary o	f duties/responsibilities:			
	ils of any other employment who working more than an aver-			
mean you would	be working more than an aver-	aye oi 46	nours pe	i week.
DDEVIOUS EI	MPLOYMENT (Most rece	nt firet\		
Employer	Job held and Main Duties	Da	tes	Reasons for leaving
	Too held and Main Ballos	from	to	r todoono for lodving

OTHER EXPERIENCE RELEVANT TO THIS JOB (e.gvoluntary work, home life, interests, involvement with community groups etc)	
ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION Please explain why you feel you are suitable for this job, with particular reference to the support of th	he
Job Description and Person Specification. (Please use no more than two additional sides of A4 paper.)	

Declaration: I confirm that the information contained in this form is accurate and complete, and may be used as part of my contract of employment.			
Signed:	Date:		
Please return your completed form to Lisa Swift at:			
mail@burngreavemessenger.org			
or			
Abbeyfield Park House Abbeyfield Rd Sheffield S4 7AT			
By 12 noon on Thursday 14 th June 2012			

Thank you for completing this form, any information you have given will be treated as strictly confidential.