

## APPLICATION FOR EMPLOYMENT

|                        |
|------------------------|
| Job<br>Title:<br>Site: |
|------------------------|

**IMPORTANT NOTES: Please read the following notes before completing the form:**

SNAPS welcomes applications from individuals representing all parts of the community, and for all job types, including full-time, part-time and job sharing. Thank you for your interest in the above post.

- = Read the relevant information, particularly the Job Description and Person Specification before completing the form.
- = You can type directly onto the form.
- = Give all the information you can about yourself and tell us why you think you are suitable for the job
- = Return by email: [jo@snapsyorkshire.org](mailto:jo@snapsyorkshire.org) by 22.11.2021

### PERSONAL DETAILS

|                                   |  |
|-----------------------------------|--|
| Your full name and postal address | Telephone Numbers<br>Day:<br>Evening:<br>Mobile: |
|                                   | Email:   |

### REFERENCES

We will take up references if you are shortlisted, unless requested otherwise. Please give names and addresses of two referees who know you well enough to comment on your suitability for the post. One of them must be your present or most recent employer. Please state in which capacity you know each referee. **An offer of employment will not be made until satisfactory references have been received.**

Give your former name if different from that above, to ensure we are asking for the correct reference.

|  |
|--|
| Your Former Name and Job Title (if applicable) |
|--|

| NAME OF REFEREE<br>And JOB TITLE or STATUS (e.g. teacher, friend) | ADDRESS FOR CONTACT | MAY WE APPROACH<br>THEM BEFORE<br>INTERVIEW? |  |
|---|---------------------|--|--|
| Name:<br>Status:<br>Tel No:<br>E-mail:                            |                     | YES  |  |
|   |                     | NO   |  |
| Name:<br>Status:<br>Tel No:<br>E-mail:                            | 1                   | YES  |  |
|   |                     | NO   |  |

## EDUCATION AND QUALIFICATIONS

Please give details of your education and qualifications.

| EDUCATION AND QUALIFICATION DETAILS | RESULTS/<br>GRADES<br>OBTAINED | WHERE OBTAINED | HOW OBTAINED<br>(FULL TIME)<br>(PART TIME)<br>(CORRESPONDENCE) | DATE<br>FROM | DATE<br>TO |
|-------------------------------------|--------------------------------|----------------|--|--------------|------------|
|                                     |                                |                |  |              |            |

## PROFESSIONAL QUALIFICATIONS/MEMBERSHIP

| QUALIFICATION/PROFESSIONAL BODY | LEVEL | DATE ATTAINED | CURRENT<br>MEMBERSHIP<br>STATUS |
|---------------------------------|-------|---------------|---------------------------------|
|                                 |       |               |                                 |

## TRAINING AND DEVELOPMENT

List all training courses undertaken including practical, in-house, commercial and special training courses. Include any apprenticeships, training schemes, evening classes and adult education.

| COURSE AND TRAINING DETAILS | RESULTS/<br>GRADES<br>OBTAINED | WHERE OBTAINED | HOW OBTAINED<br>(FULL TIME)<br>(PART TIME)<br>(RESIDENTIAL) | DATE<br>FROM | DATE<br>TO |
|-----------------------------|--------------------------------|----------------|---|--------------|------------|
|                             |                                |                |   |              |            |

Do you have a current full driving licence?

LANGUAGE SKILLS

|   |                          |                          |  |                          |                          |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Which languages other than English do you speak and/or write? |                          |                          |  |                          |                          |
|   | Speak                    | Write                    |  | Speak                    | Write                    |
|   | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>   |                          |                          |  |                          |                          |
| <hr/>   |                          |                          |  |                          |                          |