APPLICATION FOR EMPLOYMENT

Form AP2

PRIVATE AND CONFIDENTIAL

Return this form to:

The Admin and Personnel Sub Committee Convenor
Church Office
High Kirk Presbyterian Church
65 – 71 Thomas Street
Ballymena
BT43 6AZ
office@highkirk.org.uk

HIGH KIRK
LOVE • LEARN • SERVE • REACH

POSITION APPLIED FOR:
Office Administrator

Closing Date: 13.00 on Monday 16th December 2024.

Surname	**Forename(s)**	**Title**
Address **Postcode**		
NI No.	**Telephone Number**	**Email**
Current driving licence? Yes/No **Groups: Expiry Date:**	**Details of endorsements**	

Are there any restrictions on you taking up employment in the UK? Yes ☐ No ☐ (If yes, please provide details)

EDUCATION HISTORY

Schools	**Qualifications gained**
Colleges/Universities	**Qualifications gained**
Other training	

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH SALARY	REASON FOR LEAVING

Notice required in current post:

REFERENCES

Please note here the names and addresses of two persons from whom the church may obtain both character and work experience references.	
1.	**2.**

LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

GENERAL COMMENTS

Please indicate with regard to the criteria your suitability for this role and the contribution which you believe that you can make in filling this position.

GENERAL COMMENTS CONTINUED

DECLARATION (Please read this carefully before signing this application)

1. 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.

2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: …….. Date: ……..

Peninsula Business Services Ltd